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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90025 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000065370

1. Corporation Name
TOWNSEND FINANCE, INC.

Principal Place of Business 1020 E MAIN ST LAKELAND FL 33802	Mailing Address 1020 E MAIN ST LAKELAND FL 33802
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1998	4. FEI Number 593517082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Townsend Motors Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 502 Havendate Blvd. City & State	27 City & State
23 Auburndale, Florida Zip Country	28 Zip Country
24 33823 25 U.S.A.	29 30

9. Name and Address of Current Registered Agent

BUZZANCA, KRISTEN M
141 5TH ST NW
WINTER HAVEN FL 33883

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TOWNSEND, HANNAH
STREET ADDRESS	3425 SANDPIPER LANE
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D <input type="checkbox"/> DELETE
NAME	TOWNSEND, KENT
STREET ADDRESS	3425 SANDPIPER LANE
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Townsend, Rebecca Hannah
1.3 STREET ADDRESS	3425 Sandpiper Lane.
1.4 CITY-ST-ZIP	Mulberry, Fl. 33860
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Townsend, Steve Kent
2.3 STREET ADDRESS	3425 Sandpiper Lane
2.4 CITY-ST-ZIP	Mulberry, Fl. 33860
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Townsend* **4/2/99** **(941) 965-8664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)