FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S55948** **(1)**

1. Corporate Name

TOWNCO, INC.

Principal Place of Business

1760 WALKER AVENUE
P.O. BOX 2749
WINTER PARK FL 32790-749
US

Mailing Address

1759 WALKER AVENUE
P.O. BOX 2749
WINTER PARK FL 32790-749
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1991**

3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City, State — 23 / 28

Zip — 24 / 25 / 29 / 30

4. FEI Number: **59-3065204**

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under F.S. 199.032 Florida Statutes: Yes ☒ No ☐

9. Name and Address of Current Registered Agent

TOWNSEND, DEWIN W.
1759 WALKER AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office accepted by the undersigned, having agreed to act as registered agent, and to comply with the provisions of Section 607.0505, Florida Statutes.

CERTIFIED

12. OFFICERS AND DIRECTORS

DPST
TOWNSEND, DEWIN W.
1759 WALKER AVENUE
WINTER PARK FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties of perjury 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 above, or on an attached amendment, or on a separate statement attached hereto.

SIGNATURE: 4/27/95 647-3288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Daytime Phone #

0418455 FP