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FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S55948

(1)

1. Corporation Name  
TOWNCO, INC.

Principal Place of Business

1759 WALKER AVENUE  
P.O. BOX 2748  
WINTER PARK FL 32790-748  
US

Mailing Address

1759 WALKER AVENUE  
P.O. BOX 2748  
WINTER PARK FL 32790-2748  
US

2. Principal Place of Business

21 8414 FOXWORTH CIR

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32819-5035

Country

25 USA

2a. Mailing Address

26 P.O. BOX 2025

Suite, Apt. #, etc.

27

City & State

28 WINDERMERE FL

Zip

29 34786-2025

Country

30 USA

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

04/19/1996

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. This corporation has liability for intangible tax under 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)

8414 FOXWORTH CIR

83

84 City

ORLANDO

FL

85 Zip Code

32819

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

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DPST  
STREET ADDRESS TOWNSEND, DEWIN W.  
CITY-ST-ZIP 1759 WALKER AVENUE  
WINTER PARK FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 8414 FOXWORTH CIR  
1.4 CITY-ST-ZIP ORLANDO, FL 32819-5035

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 407 370 6777

CR2E034 (9/96)