FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

Block 12 or Block 13

SIGNATURE

Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** S55948 TOWNCO, INC. Principal Place of Business Mailing Address 8414 FOXWORTH CIRCLE P.O. BOX 2025 WINDERMERE FL 34786-2025 ORLANDO FL 32819-5035 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/28/1991 2. Principal Place of Business. 2a, Mailing Address 4. FEI Number Applied For 59-3065204 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TOWNSEND, DEWIN W. 8414 FOXWORTH CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City Zip Code 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 697.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1 1 10 LE ☐ Change Addition TOWNSEND, DEWIN W. NAME 12 NAME 8414 FOXWORTH CIRCLE 13 STREET ADDRESS STREET ADDRESS ORLANDO FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE 2 1 TITLE Change Addition TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 3 1 7 ITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS City-S1-ZiP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 City - St - ZiP DELETE Change Addition THILF 51 TILLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS DITY-ST-ZIP tion supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 artistic or little treceiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in (t), or off an attackpoint with an address. 14. I hereby certify that the info indicated on this annual re-

FLORIDA DEPARTMENT OF STATE

FILED

4/16/98