# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:01

DOCUMENT # V28708 (8)

1. Corporation Name
TOWNE CENTER MARKET, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11691 GATEWAY BLVD.<br>FT. MYERS FL 33913 | 11691 GATEWAY BLVD.<br>FT. MYERS FL 33913 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3118023 ☐ 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

| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
|---|---|
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |

9. Name and Address of Current Registered Agent

DORAGH, PETER
11691 GATEWAY BLVD.
FT. MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83 Suite 500
84 City: Naples, FL — 85 Zip Code: FL 33963

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: Peter D. Doragh — 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KOSTE, B. R. | 1.2 NAME | | |
| STREET ADDRESS | 801 LAUREL OAK DR., #500 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | | |
| TITLE | DP | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHMOYER, JH | 2.2 NAME | | |
| STREET ADDRESS | 11691 GATEWAY BLVD. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | DV | 3.1 TITLE | DV | ☒ Change ☐ Addition |
| NAME | CARLSON, AJ | 3.2 NAME | Hoffmann, W. | |
| STREET ADDRESS | 11691 GATEWAY BLVD | 3.3 STREET ADDRESS | 11691 Gateway Boulevard | |
| CITY-ST-ZIP | FORT MYERS FL | 3.4 CITY-ST-ZIP | Fort Myers, FL 33913 | |
| TITLE | TC | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RIVERA, CA | 4.2 NAME | | |
| STREET ADDRESS | 11691 GATEWAY BLVD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | 4.4 CITY-ST-ZIP | | |
| TITLE | S | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MCCLURE, R. W. | 5.2 NAME | Hastings, V.N. | |
| STREET ADDRESS | 801 LAUREL OAK DR #500 | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | | |
| TITLE | AS | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DORAGH, P.D. | 6.2 NAME | | |
| STREET ADDRESS | 11691 GATEWAY BLVD. | 6.3 STREET ADDRESS | 801 Laurel Oak Drive, #500 | |
| CITY-ST-ZIP | FORT MYERS FL | 6.4 CITY-ST-ZIP | Naples, FL 33963 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Vivian N Hastings — 2/6/95 — (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vivian N. Hastings, Secretary

0333024 CP