

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54197

Entity Name: TOWN CENTRE, INC.

Current Principal Place of Business:

% ROBERT B. KOEHNEMANN
439 GRACE AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

% ROBERT B. KOEHNEMANN
P.O. BOX 660
PANAMA CITY, FL 32402

FEI Number: 59-2301398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOEHNEMANN, ROBERT B.
439 GRACE AVENUE
PANAMA CITY, FL 32402 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title SD
Name KOEHNEMANN, LYNN C.
Address 439 GRACE AVE.
City-State-Zip: PANAMA CITY FL 32401

Title PD
Name KOEHNEMANN, ROBERT B
Address 439 GRACE AVE.
City-State-Zip: PANAMA CITY FL 32401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT B. KOEHNEMANN

PRSEIDENT

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date