

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **734830** (3)

1. Corporation Name
CANTERBURY TOWERS, INC.



Principal Place of Business Mailing Address
3501 BAYSHORE BLVD TAMPA FL 33629 **3501 BAYSHORE BLVD TAMPA FL 33629**

3. Date Incorporated or Qualified **01/21/1976** 3a. Date of Last Report **02/02/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1782481	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent

**BOGGS, JACKSON E
501 KENNEDY BLVD STE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Jackson E Boggs* DATE: **Feb 13, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, PARKER C	1.2 NAME	Sylvia Vega
STREET ADDRESS	160 COLUMBIA DR	1.3 STREET ADDRESS	2407 Ardson Place
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODES, RICHARD	2.2 NAME	Earle H. Spence
STREET ADDRESS	2611 BAYSHORE BLVD	2.3 STREET ADDRESS	3836 Saxon Drive
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32069
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPLEY, JOHN	3.2 NAME	
STREET ADDRESS	315 E. MADISON	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, JACKSON E	4.2 NAME	
STREET ADDRESS	501 E KENNEDY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, HOYT B, REV	5.2 NAME	
STREET ADDRESS	UPPER WALKER RD RTE 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, DOUGLAS B.	6.2 NAME	
STREET ADDRESS	4906 SAINT CROIX DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Conner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone #

CR2E037 (12/95)