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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000065903 (4)**
1. Corporation Name
TOWER PROMOTIONS, INC.

Principal Place of Business: **2520 S.W. 27TH AVE. OCALA FL 34474**
Mailing Address: **2520 S.W. 27TH AVE. OCALA FL 34474**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/02/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. EIN Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23		28		Trust Fund Contribution	<input type="checkbox"/>
Zip	County	Zip	County	7. This corporation has liability for intangible tax under s. 198.042, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STROTHER, STANLEY M 2520 S.W. 27TH AVE. OCALA FL 34474				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title of applicant) (DATE, Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROTHER, STANLEY M	1.2 NAME	
STREET ADDRESS	2520 S.W. 27TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 34474	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH LINDA	2.2 NAME	
STREET ADDRESS	2520 S.W. 27TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 34474	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICCARD, ROBERT	3.2 NAME	
STREET ADDRESS	2520 S.W. 27TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 34474	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition only with an address.

SIGNATURE: *Stanley M. Strother* **STANLEY M. STROTHER** **4/28/95** **904/BGA-0555**
(Signature and typed or printed name of signing officer or director) (Date) (Optional Trace #)