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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710588** (5)

1. Corporation Name

PRESBYTERIAN TOWERS, INC.



Principal Place of Business

Mailing Address

**430 BAY ST NE
ST PETERSBURG FL 33701
US**

**1051 2ND AVENUE NORTH
ST. PETERSBURG FL 33705-1563**

3. Date Incorporated or Qualified
03/24/1966

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-1197322

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AHRENHOLZ, THOM
1051 2ND AVENUE, NORTH
ST PETERSBURG FL 33705**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	VD	<input type="checkbox"/> DELETE
NAME	EWALT, REV FLOYD	
STREET ADDRESS	1528 SPRINGWOOD DR	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, PATRICIA	
STREET ADDRESS	2517 7TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, LAURA	
STREET ADDRESS	390 WASHINGTON CT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALBERTS, HENK (2ND VP)	
STREET ADDRESS	10911 CARROLLWOOD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROLLESTONE, JIM	
STREET ADDRESS	5315 BOW LINE BEND	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZABLE, ELIZABETH A	
STREET ADDRESS	5620 HALFMOON LK RD	
CITY-ST-ZIP	TAMPA, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAS
2.3 STREET ADDRESS	Davies, Idris
2.4 CITY-ST-ZIP	2084 Massachusetts Ave NE St. Petersburg, FL 33703
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Floyd W. Ewalt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97

813-894-0368

Date

Daytime Phone # 0050087

CR2E037 (9/96)