FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **225993** **(5)**

1. Corporation Name

WHITE TOWERS INC

Principal Place of Business	Mailing Address
7785 66TH ST NORTH PO BOX 8080 PINELLAS PARK FL 34664-5080	7785 66TH ST NORTH PO BOX 8080 PINELLAS PARK FL 34664-5080

3. Date Incorporated or Qualified: 07/17/1959
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-6069092 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34664-8080 Country 25	Zip 29 34664-8080 Country 30

9. Name and Address of Current Registered Agent

JERGER, THOMAS J
7785 66TH STREET NORTH
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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 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 ________

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	JERGER, THOMAS J	
STREET ADDRESS	10305 61ST CT NO	
CITY-ST-ZIP	PINELLAS PK FL	
TITLE	PD	☐ DELETE
NAME	JERGER, RICHARD M	
STREET ADDRESS	43 DOLPHIN DR	
CITY-ST-ZIP	TREASURE ISL FL	
TITLE	VD	☐ DELETE
NAME	JERGER, EVELYN W	
STREET ADDRESS	43 DOLPHIN DR	
CITY-ST-ZIP	TREASURE ISL FL	
TITLE	VD	☐ DELETE
NAME	WHITE, ANN M	
STREET ADDRESS	BOX 832 N/A	
CITY-ST-ZIP	FLORAL CITY, FL 00000	
TITLE	DST	☐ DELETE
NAME	HOLLAND, LESTER F.	
STREET ADDRESS	7505 WILLOW CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	☐ Change ☒ Addition
6.2 NAME	Mary Jane Martin	
6.3 STREET ADDRESS	1043 31st Terrace NE	
6.4 CITY-ST-ZIP	St Petersburg, FL	

CR2E034 (12/95)

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

SIGNATURE: Lester F. Holland 2/23/96 (813)546-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #