FILE NOW: FILING FEE IS $61.25

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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **714217** **(7)**

1. Corporation Name

COLLEGE ARMS TOWERS, INC.

Principal Place of Business	Mailing Address
101 N. AMELIA AVE. DELAND FL 32724	101 N. AMELIA AVE. DELAND FL 32724-4313

3. Date Incorporated or Qualified: **03/08/1968**
3a. Date of Last Report: **02/06/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **23-7025116** ☐ 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

MORRIS, JUDY
101 N. AMELIA AVE.
DELAND FL 32724

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHILDECKER, WILLIAM W		1.2 NAME	CUSACK, JAMES	
STREET ADDRESS	7 PLEASANT VIEW CIRCLE		1.3 STREET ADDRESS	797 S. STONE STREET	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	DELAND FL 32721	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	UNDERHILL, W. AMORY		2.2 NAME	HOLLER, MARTHA	
STREET ADDRESS	145 N. GARFIELD AVE.		2.3 STREET ADDRESS	2121 HONTOON ROAD	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	DELAND FL 32721	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARD, CARL O		3.2 NAME		
STREET ADDRESS	300 TARRAGONA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILLINGHAM, FRANK G		4.2 NAME		
STREET ADDRESS	HONTOON ROAD (2130)		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUELLAU, DAVID I. REV.		5.2 NAME		
STREET ADDRESS	61 FERNWOOD TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GEORGE S. C.P.		6.2 NAME		
STREET ADDRESS	1116 HEIDI COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] 1-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013550