

FILED
Mar 31, 2000 8:00 am
Secretary of State

01-22-2000 90022 034 *****8.75
 03-31-2000 90106 044 *****52.50

DOCUMENT # 714217

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7025116

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, CARL
101 N. AMELIA AVE.
DELAND FL 32724

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Carl Ward

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
 NAME: **SCHILDECKER, WILLIAM W**
 STREET ADDRESS: **7 PLEASANT VIEW CIRCLE**
 CITY-ST-ZIP: **DAYTONA BEACH FL**

TITLE: **VP** Change Addition
 NAME: **Ms. Martha Holler**
 STREET ADDRESS: **2121 Hontoon Rd**
 CITY-ST-ZIP: **DeLand, FL 32720**

TITLE: **D** Delete
 NAME: **UNDERHILL, W. AMORY**
 STREET ADDRESS: **145 N. GARFIELD AVE.**
 CITY-ST-ZIP: **DELAND FL**

TITLE: **D** Change Addition
 NAME: **Mr. Morgan Gilreath**
 STREET ADDRESS: **821 Westchester Dr.**
 CITY-ST-ZIP: **DeLand, FL 32724**

TITLE: **SD** Delete
 NAME: **WARD, CARL O**
 STREET ADDRESS: **300 TARRAGONA WAY**
 CITY-ST-ZIP: **DAYTONA BEACH FL**

TITLE: **D** Change Addition
 NAME: **Ms. Kathy Sanders**
 STREET ADDRESS: **201 W. Plymouth Ave.**
 CITY-ST-ZIP: **DeLand, FL 32720**

TITLE: **PD** Delete
 NAME: **GILLINGHAM, FRANK G**
 STREET ADDRESS: **HONTOON ROAD (2130)**
 CITY-ST-ZIP: **DELAND FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **CUSACK, JAMES**
 STREET ADDRESS: **797 S STONE ST**
 CITY-ST-ZIP: **DELAND FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **President** Delete
 NAME: **SMITH, GEORGE S. C.P.**
 STREET ADDRESS: **1116 HEIDI COURT**
 CITY-ST-ZIP: **DELAND FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George S. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2000 7342299

CRE037 (9/99)