NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 718837 1. Corporation Name

CONTINENTAL TOWERS, INC.

| Principal Place of Business Mailing Address   |   |                      |  | 303047 - 30140 - 9                                     |          |  |  |  |
|---|---|----------------------|--|--|----------|--|--|--|
| 675 S GULFVIEW BLVD<br># 1<br>CLEARWATER BEACH FL 33767<br>US                       | RAMPART PROPERTIE<br>10033 9 ST N<br>ST PETERSBURG FL :<br>US |                      |  |  |          |  |  |  |
| 2. Principal Place of Business  | 2a. Mailing Address   |                      |  | 3. Date Incorporated or Qualifed 07/13/1970            |          |  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |                      | 4. FEI Number<br>59-1484405                  |  |          |  |  |  |
| City & State  | City & State  |                      |  | 5. Certificate of Status Desired                       | \$8<br>F |  |  |  |
| Zip Country 24 25   | Zip 29  | Country<br>30        |  | 6. Election Campaign Financing Trust Fund Contribution | \$5<br>A |  |  |  |
| - ·   | of Current Registered Agent                                   |                      | 10. Name and Address of New Registered Agent |  |          |  |  |  |
| SMITH, BRIAN<br>C/O RAMPART PROPERTIES<br>10033 9TH ST N<br>ST. PETERSBURG FL 33716 |   | 81<br>82<br>83<br>84 |  | ess (P.O. Box Number is Not Acceptable)                | 85       |  |  |  |

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90146 009 \*\*\*\*61.25

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|   |   |                   | 81            | 81 Name   |   |                     |            |  |  |  |  |  |
|---|---|-------------------|---------------|---|---|---------------------|------------|--|--|--|--|--|
| SMITH, BRIAN<br>C/O RAMPART PROPERTIES<br>10033 9TH ST N<br>ST. PETERSBURG FL 33716   |   |                   | 82            | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                     |            |  |  |  |  |  |
|   |   |                   |               |   |   |                     |            |  |  |  |  |  |
|   |   |                   | 83            |   |   |                     |            |  |  |  |  |  |
|   |   |                   | 84            | 84 City 85 Zip Code                                   |   |                     |            |  |  |  |  |  |
|   |   |                   | ]             | •   |   | L SS SP             |            |  |  |  |  |  |
| 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   |   |                   |               |   | equired when reinstating) DATE                                |                     |            |  |  |  |  |  |
| 12.   | Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS |                   | 13.           | signature re  | equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO         | RS IN 12   |  |  |  |  |  |
|   |   |                   | 1.1 TITLE     | Р   |   | <b>∏</b> Change     | Addition   |  |  |  |  |  |
| _   | AIV —   |                   | 1.2 NAME      | _   |   | A                   |            |  |  |  |  |  |
| NAME  | GORDON, NOBLE<br>10033 9TH ST N 2ND FL  | 1                 | 1.3 STREET    | ADDRESS   |   |                     |            |  |  |  |  |  |
| STREET ADORESS  | ST PETERSBURG FL 33716  |                   | 1.4 CITY-ST   |   |   |                     |            |  |  |  |  |  |
| CITY-ST-ZIP   |   |                   | 2.1 TITLE     | 725   |   | ☐ Change            | ☐ Addition |  |  |  |  |  |
| NAME  | BARBER, BARBARA   |                   | 2.2 NAME      | }   |   |                     |            |  |  |  |  |  |
|   | ARRAGA ATT LATE AL OND TI   |                   | 2.3 STREET    | ADDRESS   |   |                     |            |  |  |  |  |  |
| STREET ADDRESS  | ST PETERSBURG FL 33716  |                   | 2.4 CITY-S1   |   |   |                     |            |  |  |  |  |  |
| CITY-ST-ZIP   | D X   |                   | 3.1 TITLE     |   | Byron Palls   | ☐ Change            | Addition   |  |  |  |  |  |
| NAME  | CLOW, CUSICK  |                   | 3.2 NAME      | i   | 10033 9th Street N  |                     |            |  |  |  |  |  |
| STREET ADDRESS  |   |                   | 3.3 STREET    | ADDRESS   | St. Petersburg, FL 33   | 2716                |            |  |  |  |  |  |
| CITY-ST-ZIP   | ST PETERSBURG FL 33716  |                   | 3.4, CITY- ST | r-ziP   | St. Fecersburg, II 33   |                     |            |  |  |  |  |  |
| TITLE   | S ¬   | DELETE            | 4.1 TITLE     | S   | Jerry Hill  | Change              |            |  |  |  |  |  |
| NAME  | MISKEL, ELIZABETH   |                   | 4. 2 NAME     | _   | 10033 9th Street N  |                     |            |  |  |  |  |  |
| STREET ADDRESS  | toons attit Of N. MID El  |                   | 4.3 STREET    | ADDRESS   | St. Petersburg, FL 33   | 3716                |            |  |  |  |  |  |
| CITY-ST-ZIP   | ST PETERSBURG FL 33716  |                   | 4.4 CITY-ST   | -ZIP  | 200 1000100013, 12 01   |                     |            |  |  |  |  |  |
| TITLE   | P \ XX  | DELETE :          | 5.1 TITLE     | D   | Frank Hoover  | Change              | Addition   |  |  |  |  |  |
| NAME  | ROY, JOHN   | 1                 | 5.2 NAME      |   | 10033 9th Street N.   |                     |            |  |  |  |  |  |
| STREET ADDRESS  | 10033 9TH ST N 2ND FL   |                   | 5.3 STREET    | ADDRESS   | St. Petersburg, FL 33   | 3716                |            |  |  |  |  |  |
| CITY-ST-ZIP   | ST PETERSBURG FL 33716  |                   | 5.4 CITY- ST  | -ZIP  |   |                     |            |  |  |  |  |  |
| TITLE   |   | DELETE            | 6.1 TITLE     |   |   | ☐ Change            | ☐ Addition |  |  |  |  |  |
| NAME  | HENDERSON, NEVITA   |                   | 6.2 NAME      |   |   |                     | 1          |  |  |  |  |  |
| STREET ADDRESS  | 10033 9TH ST N 2ND FL   |                   | 6.3 STREET    | ADORESS   |   |                     | ĺ          |  |  |  |  |  |
| CITY-ST-ZIP   | ST PETERSBURG FL 33716  |                   | 6.4 CITY-ST   |   |   | ***                 |            |  |  |  |  |  |
| 14. Thereby of  | certify that the information supplied with this filing does no  | t qualify for the | exemption     | on stated   | in Section 119.07(3)(i), Florida Statutes. I further          | certify that the it | ntormation |  |  |  |  |  |

indicated on this annual report or supplied with this limit does not qualify for 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, with all other like empowered.

SIGNATURE:

Neveta Henderson/20/99

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional