

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # F25930 (1)
1. Corporation Name
TOWER TECHNOLOGY CORPORATION OF TAMPA BAY



Principal Place of Business
105H DUNBAR AVENUE
OLDSMAR FL 34677

Mailing Address
105H DUNBAR AVENUE
OLDSMAR FL 34677-2953

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/19/1981	05/01/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-2184240	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	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	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLEAKLEY, DALE E. 105H DUNBAR AVE. OLDSMAR FL 34677				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 _____
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLEAKLEY, DALE E			1.2 NAME			
STREET ADDRESS	105H DUNBAR AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			1.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLEAKLEY, DONALD E			2.2 NAME			
STREET ADDRESS	105-H DUNBAR AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCINTYRE, BRUCE			3.2 NAME			
STREET ADDRESS	111 TIMBER CIR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL			3.4 CITY-ST-ZIP			
TITLE	DAS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENNARD, ROBERT L.			4.2 NAME			
STREET ADDRESS	1545 OAK LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLEAKLEY, KENT			5.2 NAME			
STREET ADDRESS	P.O.BOX 1781			5.3 STREET ADDRESS			
CITY-ST-ZIP	WHITE SALMON WA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)