CR2E034 (11/98)

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005412

NATIONWIDE TOWER COMPANY

Principal Place of Business

NAME

Mailing Address

FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90123 003 ***150.00



P.O. BOX 1829 414 NORTH INGRAM STREET HENDERSON KY 42419 HENDERSON KY 42420 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/29/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 61-1138886 26 21 **\$8.75** Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip ₩o 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1.1 TITLE TITLE 12 NAME JOHNSTON, HERMAN J NAME 1.3 STREET ADDRESS 414 NORTH INGRAM STREET STREET ADDRESS 1.4 CITY-ST-ZIP **HENDERSON KY 42420** CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE COBD - ---JOHNSTON, W D NAME 2.3 STREET ADORESS 219 HEILMAN STREET STREET ADDRESS 2.4 CITY-ST-ZIP **HENDERSON KY 42420** CITY-ST-ZIP Addition □ Change DELETE 3.1 TITLE TITLE 32 NAME DORRIS, SAMUEL NAME P.O. BOX 1829 N/A 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP **HENDERSON KY 42419** CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME ROTH, KEVIN NAME 4.3 STREET ADDRESS P.O. BOX 1829 N/A STREET ADDRESS 4.4 CITY-ST-ZIP **HENDERSON KY 42419** CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition Change 6.1 TITLE DELETE TITLE 6.2 NAME