

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005412

FILED  
May 26, 2004  
Secretary of State

Entity Name: NATIONWIDE TOWER COMPANY

## Current Principal Place of Business:

515 PENNEL STREET  
HENDERSON, KY 42420 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1829  
HENDERSON, KY 42419

## New Mailing Address:

FEI Number: 61-1138886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSTON, HERMAN J  
Address: 515 PENNEL STREET  
City-St-Zip: HENDERSON, KY 42420

Title: COBD ( ) Delete  
Name: JOHNSTON, W D  
Address: 219 HEILMAN STREET  
City-St-Zip: HENDERSON, KY 42420

Title: VP ( ) Delete  
Name: DORRIS, SAMUEL  
Address: P.O. BOX 1829 N/A  
City-St-Zip: HENDERSON, KY 42419

Title: S ( ) Delete  
Name: ROTH, KEVIN  
Address: P.O. BOX 1829 N/A  
City-St-Zip: HENDERSON, KY 42419

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN J JOHNSTON

PD

05/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date