

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90008 006 ***550.00

DOCUMENT # G20509 1. Entity Name NORTH FLORIDA TOWER SERVICE, INC.	
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Principal Place of Business P. O. BOX 2528 LAKE CITY, FL 32056-2528	Mailing Address P. O. BOX 2528 LAKE CITY, FL 32056-2528
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54058940



06232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2521592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SUHL, DONALD R. RT 12 BOX 93 LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SUHL, DONALD R. RT 12 BOX 93 1059 SE Press Ruth Rd LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SUHL, DONALD R. RT 12 BOX 93 1059 SE Press Ruth Rd LAKE CITY, FL 32025
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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:  **6/22/04 386752-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #