

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G76340 (0)**

1. Corporation Name
TOWERS CONTRACTING COMPANY, INC.



Principal Place of Business: **2051 ART MUSEUM DR. STE.130 JACKSONVILLE FL 32207**
Mailing Address: **2051 ART MUSEUM DR. STE.130 JACKSONVILLE FL 32207**

New add; 1914 Art Museum Drive

2. Principal Place of Business	2a. Mailing Address
21 1914 Art Museum Dr. Suite, Apt. #, etc.	26 1914 Art Museum Dr. Suite, Apt. #, etc.
22 none	27 none
City & State	City & State
23 Jacksonville	28 Jacksonville
Zip Country	Zip Country
24 32207 USA	29 32207 USA

3. Date Incorporated or Qualified 12/28/1983	3a. Date of Last Report 04/26/1995
4. FEI Number 58-1542976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**TOWERS, LAWRENCE R.
2051 ART MUSEUM DRIVE
STE 130
JACKSONVILLE FL 32207**

81 Name Towers, Lawrence R.
82 Street Address (P.O. Box Number is Not Acceptable) 1914 Art Museum Drive
83
84 City Jacksonville
85 Zip Code FL 32207

New Add: 1914 Art Museum Drive

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 of Registered Agent) (NAME, Registered Agent Signature (Required for Filing)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWERS, LAWRENCE RANDALL	1.2 NAME	Towers, Lawrence Randall
STREET ADDRESS	2051 ART MUSEU DR 130	1.3 STREET ADDRESS	1914 Art Museum Drive
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Towers, Charles R.
STREET ADDRESS		2.3 STREET ADDRESS	1914 Art Museum Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	700001777847
STREET ADDRESS		4.3 STREET ADDRESS	-04/12/96--01013--023
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee, or 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: *(Signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 (909) 399-0134
Date: Daytime Phone #

CR2E034 (12/95)

94-11-96