

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # H80888 (1)
1. Corporation Name
TOWER TECHNOLOGY CORPORATION OF JACKSONVILLE



Principal Place of Business Mailing Address
% DALE E. BLEAKLEY
105-H DUNBAR AVE
OLDSMAR FL 34677

3. Date Incorporated or Qualified **10/15/1985** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2611671** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
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 ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLEAKLEY, DALE E.
105-H 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 true if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	BLEAKLEY, DALE E.	1.2 NAME	
STREET ADDRESS	105-H DUNBAR AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	BLEAKLEY, DONALD E.	2.2 NAME	
STREET ADDRESS	105H DUNBAR AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
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		4.1 TITLE	D/Asst S
NAME		4.2 NAME	Dennard, Robert L
STREET ADDRESS		4.3 STREET ADDRESS	1545 Oak Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE		5.1 TITLE	1st V
NAME		5.2 NAME	Bleakley, Kent
STREET ADDRESS		5.3 STREET ADDRESS	P O Box 1781 (N/A)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	White Salmon, WA 98672
TITLE		6.1 TITLE	
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 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:

Dale E. Bleakley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 1996

813-854-1518

Date

Daytime Phone #

CR2E034 (12/95)