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FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Principal Place of Business

% DALE E. BLEAKLEY  
105-H DUNBAR AVE  
OLDSMAR FL 34677

Mailing Address

% DALE E. BLEAKLEY  
105-H DUNBAR AVE  
OLDSMAR FL 34677-2953



3. Date Incorporated or Qualified 10/15/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2611671	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BLEAKLEY, DALE E.  
105-H DUNBAR AVE  
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	DAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNARD, ROBERT L.	4.2 NAME	
STREET ADDRESS	1545 OAK LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEAKLEY, KENT	5.2 NAME	
STREET ADDRESS	P.O. BOX 1781	5.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE SALMON WA	5.4 CITY - ST - ZIP	
TITLE		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

DALE E. BLEAKLEY 4-18-97 813-854-1518

CR2E034 (9/96)