

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J27636**

1. Corporation Name

**WILL GARRETT TOWERS, INC.**

Principal Place of Business

**2041 SW 70TH AVE.  
STE D-15  
DAVIE FL 33317  
US**

Mailing Address

**2041 SW 70TH AVE.  
STE D-14  
DAVIE FL 33317-339  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** **2041 SW 70TH AVE.**

Suite, Apt. #, etc.

**27** **STE D-15**

City & State

**28** **DAVIE FL**

Zip

**29** **33317**

Country

**30** **US**

9. Name and Address of Current Registered Agent

**STEVEN ADAMS  
2041 SW 70TH AVE D15  
DAVIE FL 33317**

3. Date Incorporated or Qualified

**08/04/1986**

4. FEI Number

**59-2717916**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

DO NOT WRITE IN THIS SPACE



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

**PTD** ☐ DELETE  
**NAME** **STEVEN L ADAMS**  
**STREET ADDRESS** **C/O 2041 SW 70TH AVE D15**  
**CITY-ST-ZIP** **DAVIE FL 33317**

**V** ☒ DELETE  
**NAME** **WILLIAM H TRYON**  
**STREET ADDRESS** **390 LAKEVIEW DR #106**  
**CITY-ST-ZIP** **WESTON FL 33326**

**S** ☒ DELETE  
**NAME** **TRYON DONNA M**  
**STREET ADDRESS** **390 LAKEVIEW DR #106**  
**CITY-ST-ZIP** **WESTON FL 33326**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** **V** ☒ Change ☐ Addition  
**1.2 NAME** **WILLIAM H TRYON**  
**1.3 STREET ADDRESS** **C/O 1831 SABAL PALM DR. #407**  
**1.4 CITY-ST-ZIP** **FT. LAUDERDALE FL 33324**

**2.1 TITLE** **S** ☐ Change ☒ Addition  
**2.2 NAME** **LILLIAN BEGNOGHE**  
**2.3 STREET ADDRESS** **1831 SABAL PALM DR. #407**  
**2.4 CITY-ST-ZIP** **FT. LAUDERDALE FL 33324**

☐ Change ☐ Addition  
**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. 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 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, with all other like empowered.

SIGNATURE:

**STEVEN L ADAMS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-8-99 954-476-9455**

CR2E034 (1/98)