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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # J68039 (3)

TOWERS HOMES, INC.

Principal Place of Business

CITY-ST-ZIP

SIGNATURE

oath; that I am an officer or dire

Mailing Address

2051 ART MUSEUM DR.STE.130 2051 ART MUSEUM DR., STE. 130 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3a. Date of Last Report 3. Date Incorporated or Qualified. 04/21/1987 04/25/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 1914 Art Museum Drive 26 1914 Art Museum Drive 59-2800774 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution lle, Florida 28 Jacksonville, Florida Added to Fees 23 Jacksonvi Country 8. This corporation has liability for intangible tax under s. 199.032,  $Z_{\rm ID}$ Country Zio Yes No 25 USA 30 USA 32207 Florida Statutes 24 32207 | 25 | USA | 1-1 | 25 | USA | 25 | Same and Address of Current Registered Agent 29 10. Name and Address of New Registered Agent Name Towers, Lawrence R TOWERS, LAWRENCE R. 82 Street Address (P.O. Box Number is Not Acceptable 1914 Art Museum Drive 2051 ART MUSEUM DRIVE 83 **SUITE 130** JACKSONVILLE FL 32207 Jacksonville 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. Ehereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE at ire, typed or printed name of registered agent and title if applicable (NOTE: Registered Agend signature to ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF HOERS AND DIRECTORS 13. DELETE DP TITLE 1. 1 TITLE Towers, Lawrence Randall TOWERS, LAWRENCE RANDALL 1.2 NAME NAM: 2051 ART MUSEUM DR..#130 1914 Art Museum Drive 1.3 STREET ADDRESS. STREET ADDRESS JACKSONVILLE FL Jacksonville, Florida 32207 1.4 CHY - \$1 - ZIP DITY-ST-7IP DELFTE 2.13011.6 TITLE 2.2 NAME Towers, Virginia Q. 1914 Art Museum Drive STREET ADDRESS 2.3 STREET ADDRESS Jacksonville, Florida 32207 2 4 CHY - S1 - ZIP 0:1Y-\$1-7P DELETE 3.1 1916 Addit on 1016 3.2 NAM5 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY S1-ZIP 0!TY-\$1-7IP ☐ Change DELETE Addit on 4 11 TE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 44C-1Y-S1-7P DELETE Change Addition 5 1 100 E THEF 5.9 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6 1 THILE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

5.4 CHY+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 roport is true and accorate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(12/95)

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