

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

(3)

1. Corporation Name
TOWERS HOMES, INC.

Principal Place of Business
1914 ART MUSEUM DR
JACKSONVILLE FL 32207
US

Mailing Address
1914 ART MUSEUM DR
JACKSONVILLE FL 32207-2502
US

3. Date Incorporated or Qualified 04/21/1987		3a. Date of Last Report 04/01/1996	
4. FEI Number 59-2800774		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	City & State	27	City & State
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23	28	
Zip	Country	Zip
24	25	29
		30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWERS, LAWRENCE R.
1914 ART MUSEUM DR
JACKSONVILLE FL 32207

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

B4	City
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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: _____
 Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1116 DP

NAME **TOWERS, LAWRENCE RANDALL**
STREET ADDRESS **1914 ART MUSEUM DR**
CITY, ST+ZIP **JACKSONVILLE FL**

TITLE	V	<input type="checkbox"/> DELETE
NAME	TOWERS, VIRGINIA Q.	
STREET ADDRESS	1914 ART MUSEUM DR	
CITY-STATE	JACKSONVILLE FL	

FILE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

NAME	STREET ADDRESS	CITY, STATE	ZIP	DELETE
JOHN				
NAME				
STREET ADDRESS				
CITY, STATE				

NAME	ADDRESS	PHONE	DATE	TIME	STATUS	REMARKS
NAME	STREET ADDRESS	CITY, STATE				

NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
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1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Lawrence R. Towers, Pres Lawrence R. Towers, Pres 1/21/97 3990134 (984)

0031394

CH2E034 (9/96)