

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

DOCUMENT # **L76141** (5)

1. Corporation Name

TOWERVIEW MOTORS, INC.



Principal Place of Business

**1850 US HWY 27TH NORTH
LAKE WALES FL 33853
US**

Mailing Address

**% LEE SCHIELKA, JR.
2009 OLIVER PL NW
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified
05/25/1990

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

21 **3931 US HWY 27 N.**

Suite, Apt. #, etc.

22

City & State

23 **LAKE WALES, FL**

Zip

24 **33853**

Country

25 **USA**

2a. Mailing Address

26 **240 Greenfield Road**

Suite, Apt. #, etc.

27

City & State

28 **WINTER HAVEN, FL**

Zip

29 **33884**

Country

30 **USA**

4. FEI Number
59-3015782

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

9. Name and Address of Current Registered Agent

**SCHIELKA, LEE, JR.
2009 OLIVER PL NW
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
240 Greenfield Road

83

84 City

Winter Haven, FL

FL

85 Zip Code
33884

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 in block of registered agent or director (if applicable)

NOTE: Registered Agent signature is required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D SCHIELKA, LEE, JR.
2009 OLIVER PL NW
WINTER HAVEN FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D WOOD, PAUL, JR.
506 ORANGE BLOSSOM SE
WINTER HAVEN FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**240 Greenfield Road
Winter Haven, FL 33884**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**80 Regal Court
Babson Park, FL 33827**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this report 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 a 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 a statement with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Schielka, Jr.

7/03/96

941-676-8550

CR2E034 (12/95)