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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corp | STAN TOWERS REALTY, INC | · · · · · · · · · · · · · · · · · · · | | |) 1888 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 | 1181) 1 181 1181 1181 1181 1181 1181 1181 | |
|---------------------|--|--|-----------------------|--|---|---|--|
| Principa | Flace of Business | Mailing Address | Mailing Address | | ת וווים ופיותו הווסס ווססו וויוחי וסס ווסחומתו א | BIBIN BABIN BIBIK BIBIK BIBAR BABIN ARBI | |
| P.O. BO) PENSACO | (1611 DLA BEACH FL 32562 | P.O. BOX 1611 PENSACOLA BEACH FL 32562-1611 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 07/10/1990 | 3a. Date of Last Report 05/01/1996 | |
| 2. Princ | ipa' Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 | ···· | | NOT APPLICABLE | Not Applicat | |
| Suite 22 | , Apt. #, etc. | Suite Apt #, etc |). | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City (| \$ State | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 7 ₁ p | Country 25 | Ζφ 29 | Country 30 | | 8. This corporation has liability for i | ntangible tax under s. 199.032, Yes No | |
| (=_11 | g. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Re | ame and Address of New Registered Agent | |
| | NORMAN, C. GEORGE, JR. 913 GULF BREEZE PARKWAY | | 81 82 | Name | | | |
| SUITE 44 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | GULF BREEZE FL 32561 | | 83 | | | ************************************** | |
| | | | 84 | City | | FL 85 Zip Code | |
| 1 office | stant to the provisions of Sections 607 se or registered agent, or both, in the t rit. I are familiar with, and accept the c | State of Florida, Such change | was authorized by | the corpora | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of changing its registered the appointment as registered | |
| SIGNAT | URE Stip at ear typed or per fact name of migrater | and comes and talk I are consider | (NOTE: Registered Age | ni pionetrire regui | ired when renelation) | DATE | |
| 12. | | S AND DIRECTORS | 13. | Andrea IRda | ADDITIONS/CHANGES TO OFFIC | | |

| SIGNATURE | 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, it am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. | | | | | | | | | | |
|--|--|------------------------|----------------------|-------------|----------|--|--|--|--|--|--|
| 12. | SIGNATURE | | | | | | | | | | |
| THE | | OFFICERS AND DIRECTORS | | | 12 | | | | | | |
| 13 STREET ADDRESS 1010 FT PICKENS RD | | | 1.1 TITLE | Change | Addition | | | | | | |
| OFF ST 7P PENSACOLA BEACH FL | NAME | NORMAN, C. GEORGE, JR. | 1.2 NAME | | | | | | | | |
| DELETE DELETE 21 TITLE Change Addition NAME 22 NAME 23 STREET ADDRESS CITY - ST - ZIP | STREET ADDRESS | 1010 FT PICKENS RD | 1.3 STREET ADDRESS | | | | | | | | |
| STREET ALDRESS 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 24 CITY-ST-ZIP 25 NAME 25 NAME 25 NAME 26 NAM | CITY ST-ZIP | PENSACOLA BEACH FL | 14 CITY - ST - ZIP | | [| | | | | | |
| 23 STREET ADDRESS 24 CITY-ST-ZIP | DUCE | DELETE | 2.1 TITLE | ☐ Change ☐ | Addition | | | | | | |
| CONSTRUENCE CONTROL | NAME | | 2.2 NAME | | ì | | | | | | |
| DELETE STITITE Change Addition Add | STREET ADDRESS | | 23 STREET ADDRESS | | | | | | | | |
| STARE ADDRESS | City - \$J - ZiP | | 2. 4 City - St - ZiP | | | | | | | | |
| STREET ADDRESS | TIBLE | DELETE | 3 1 TITLE | ☐ Chançie ☐ | Addition | | | | | | |
| 34.CITY-SI-ZIP | DAME | | 3.2 NAME | | | | | | | | |
| DELETE | STREET ADDRESS | | 3.3 STREET ADDRESS | | ' | | | | | | |
| AAME | CITY-ST ZIP | | 3 4. CITY-ST-ZIP | | | | | | | | |
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| CHY_ST_ZP | NAME: | | 4, 2 NAME | | | | | | | | |
| DELETE S.1 TITLE | \$TREET ADDRESS | | 4.3 STREET ADDRESS | | | | | | | | |
| NAME | 0(1Y+ST+Z4) | | 4.4 CITY - ST - ZIP | | | | | | | | |
| STAFET ADDRESS | TOLE | [_] DELETE | 5.1 TITLE | Change L | Addition | | | | | | |
| DELETE DELETE DELETE DELETE DELETE DE | NAME | | 5.2 NAME | | | | | | | | |
| DELETE 61 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS | STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | | | | |
| NAME SIFFET ADDRESS 6.2 NAME 6.3 STREET ADDRESS | CHTY - ST - ZIP | | 54 CITY-ST-ZIP | | | | | | | | |
| STREET ADDRESS 6.3 STREET ADDRESS | TOTALE | DELETE | 61 TITLE | Change | Addition | | | | | | |
| | NAME | | 6.2 NAME | | | | | | | | |
| | STREET AUJURESS | | 6.3 STREET ADDRESS | | | | | | | | |
| CITY ST-7/P 6.4 CITY - ST-7/P 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the | | | | | | | | | | | |

Table index sering that the information supplied with this initial does not quality to the exemption stated in Section 19.07(5)(f), Fronda Statutes. From the sering 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 other 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:

FILED

Apr 22 1997 8:00am

Secretary of State

Applied For Not Applicable