SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P14733** **(0)**

1. Corporation Name
WORLD TOWER CO., INC.

Principal Place of Business	Mailing Address
PADUCAH RD. PO BOX 405 MAYFIELD KY 42066	PADUCAH RD. PO BOX 405 MAYFIELD KY 42066

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1987	3a. Date of Last Report: 02/15/1994
4. FEI Number: 61-0962208	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KRZYWICKI, TERRY L.
2160 COLUMBIA BLVD.
TITUSVILLE FL 32780

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SHOLAR, M.N	1.2 NAME		
STREET ADDRESS	ROUTE 2	1.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD KY	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SHOLAR, JEFF	2.2 NAME		
STREET ADDRESS	ROUTE 2	2.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD KY	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	SHOLAR, ANGIE	3.2 NAME	CURTSINGER, ANGIE S.	
STREET ADDRESS	ROUTE 2	3.3 STREET ADDRESS	5175-B CRACKERJACK LANE	
CITY-ST-ZIP	MAYFIELD KY	3.4 CITY-ST-ZIP	FT. IRWIN, CA 92310	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SHOLAR, AMY	4.2 NAME		
STREET ADDRESS	ROUTE 2	4.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD KY	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-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)(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: Cliff Sholar 7-11-95
SIGNATURE OF NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0181307 FN