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 # P93000013418

1. Corporation Name

WINTER HAVEN TOWER LEASING, INC.

Principal Place of Business
523 Hwy 540
Winter Haven, FL 33880

Mailing Address

3. Date Incorporated or Qualified: 02/22/1993	3a. Date of Last Report: 05/01/95
4. FEI Number: 59-3187238	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 1424 Handley Boulevard	26 Same as Block 2.
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland, FL	City & State 28
Zip 24 33803 Country 25 U.S.A.	Zip 29 Country 30

9. Name and Address of Current Registered Agent

Harold E. Barker, Esquire
4315 Highland Park Boulevard
Suite C
Lakeland, FL 33813

10. Name and Address of New Registered Agent

81 Name: Carol D. Rowland
82 Street Address (P.O. Box Number is Not Acceptable): 1424 Handley Boulevard
83
84 City: Lakeland, FL 85 Zip Code: 33803

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 Carol D. Rowland DATE 5/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1 1 TITLE	P/D ☐ Change ☒ Addition
NAME	Keath, Daniel	1 2 NAME	Rowland, Carol D.
STREET ADDRESS	523 Hwy 540	1 3 STREET ADDRESS	1424 Handley Boulevard
CITY-ST-ZIP	Winter Haven, FL 33880	1 4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	S/T ☐ DELETE	2 1 TITLE	S/T/VP ☒ Change ☐ Addition
NAME	Childers, Pamela	2 2 NAME	Childers, Pamela J.
STREET ADDRESS	21 Heather Lane	2 3 STREET ADDRESS	21 Heather Lane
CITY-ST-ZIP	Winter Haven, FL 33880	2 4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	200001853092 -06/06/96--01025--022 ***200.00
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)(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 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: Carol D. Rowland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol D. Rowland

5/1/96 (941) 499-6583
Date / Daytime Phone #

CR2E034 (12/95)