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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000015418 (5)

WINTER HAVEN TOWER LEASING, INC.

Principal Place of Business Mailing Address  1424 HANDLEY BOULEVARD  1424 HANDLEY BOULEVARD					1 12001001 110 12100 11111 20111 20111 20111 20111 20111	
LAKELAND FL 33803			LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE
U\$		U\$				3. Date Incorporated or Qualified
						02/18/1993
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				<b>59-3187238</b> Not Applica
Suite, Apt.	#, etc.	Suite, Apt. N, etc.				5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	⊣	untry	y	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	Registered Agent			T No	10. Name and Address of New Registered Agent
	WLAND, CAROL D			61	Name	
	4 HANDLEY BOULEVARD			82	Street A	Address (P.O. Box Number is Not Acceptable)
LAH	CELAND FL 33803			ييا		
				83	'l	
				84	City	85 Zip Code
				L	1 '	PL   T
SIGNATURE	of familiar with, and accept the obligation of segments again.					corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere aquired when reinstating)  DATE
12.	OFFICERS AND		1.3.		prit digitalist to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T	ITLE		☐ Change ☐ Addi
NAME	ROWLAND, CAROL D		1.2 N	AME		
STREET ADDRESS	1424 HANDLEY BOULEVARD		1.3 \$	TREET	T ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803		1.4 0	ITY-5	ST-ZIP	
TITLE	STVP	DELETE	217	ITLE		Change Addi
NAME	CHILDERS, PAMELA J		2.2 N	AME	}	₩
STREET ADDRESS	21 HEATHER LANE		2.3 S	TAEET	T ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		2.40	CITY -	ST-ZIP	
TITLE		DELETE	3.1 T			☐ Change ☐ Addi
NAME			3.2 N	AME	}	
STREET ADDRESS			3.3 \$	TREET	T ADDRESS	
CiTY-ST-ZIP			3.4. 0	CITY-S	ST-ZIP	
TITLE		DELETE	41 T			☐ Change ☐ Addi
NAME			4.2 8	MME	1	
STREET ADDRESS			4.3 S	TREET	T ADDRESS	
CITY-ST-ZIP			4.4 C	ITY-S	ST-ZIP	
TITLE		DELETE	5.1 11	TLE		☐ Change ☐ Addi
NAME			5.2 N	AME	ļ	
STREET ADDRESS			5.3 \$	TREET	T ADDRESS	
CITY - ST - ZIP			5.4 C	ITY-S	ST-ZIP	
TITLE		☐ DELETE	6.1 11			Change Addi
NAME (			6.2 N	AME	[	

14. Thereby 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 suppliemental 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:

SIGNATURE:

**FILED** 

May 08 1998 8:00am

Secretary of State

. 1881/1981 HA 1918 HAN BANK BANK BANK BANK BANK HEBA BANK BANK BANK HEBA BANK