

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra W. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000051796 (9)**

1. Corporation Name

TOWER MANAGMNT SOUTHEAST, INC.



Principal Place of Business

**234 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304**

Mailing Address

**234 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LAMB, MARION D III
180 CAPITAL CIRLCE SW
TALLAHASSEE FL 32310**

81

Name

82

Street Address (P.O. Box Numbers Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(1)(b) 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, Sections 607.05(1)(b) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES	
STREET ADDRESS	P O BOX 20305 N/A	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEWTON, WILLIAM E	
STREET ADDRESS	5036 CENTENNIAL OAK CIR	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is true, correct and does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information indicated on this annual report or subsequent annual reports is based on the best information available 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 registered agent of the corporation, to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an officer or director.

SIGNATURE

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)