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 # **P94000011317 (2)**

1. Corporation Name

TOWERING TIMBERS, INC.

Principal Place of Business	Mailing Address
37837 MERIDIAN AVE. SUITE 314 DADE CITY FL 33525	37837 MERIDIAN AVE. SUITE 314 DADE CITY FL 33525

3. Date Incorporated or Qualified: **02/10/1994**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-3316855** APPLIED FOR ☐ 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

SCHRADER, JEROME G
37837 MERIDIAN AVE,
SUITE 314
DADE CITY FL 33525

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 changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHRADER, THOMAS A		1.2 NAME	
STREET ADDRESS	P.O. BOX 77 (N/A)		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO FL 33576		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARONS, MARGARET MARY		2.2 NAME	
STREET ADDRESS	1 NORTHGATE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02175		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHRADER, THEODORE J		3.2 NAME	
STREET ADDRESS	P.O. BOX 454 (N/A)		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO FL 33576		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHRADER, TERRENCE E		4.2 NAME	
STREET ADDRESS	P.O. BOX 205 (N/A)		4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO FL 33576		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHRADER, JEROME G		5.2 NAME	
STREET ADDRESS	P.O. BOX 2337 (N/A)		5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33526		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CAROE, KAY		6.2 NAME	
STREET ADDRESS	47 JUDSON AVE. P.O. BOX 623		6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY CT 06798		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: Jerome G. Schrader — 4-3-96 — 352/588-2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)