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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

37837 MERIDIAN AVE.  
SUITE 314  
DADE CITY FL 33525

Mailing Address

37837 MERIDIAN AVE.  
SUITE 314  
DADE CITY FL 33525-3802



3. Date Incorporated or Qualified  
02/10/1994

3a. Date of Last Report  
04/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3316855

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SCHRADER, THOMAS A  
STREET ADDRESS P.O. BOX 77 (N/A)  
CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE D ☐ DELETE  
NAME BARONS, MARGARET MARY  
STREET ADDRESS 1 NORTHGATE CIRCLE  
CITY-ST-ZIP LEXINGTON MA 02175

TITLE D ☐ DELETE  
NAME SCHRADER, THEODORE J  
STREET ADDRESS P.O. BOX 454 (N/A)  
CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE D ☐ DELETE  
NAME SCHRADER, TERRENCE E  
STREET ADDRESS P.O. BOX 205 (N/A)  
CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE D ☐ DELETE  
NAME SCHRADER, JEROME G  
STREET ADDRESS P.O. BOX 2337 (N/A)  
CITY-ST-ZIP DADE CITY FL 33526

TITLE D ☐ DELETE  
NAME CAROE, KAY  
STREET ADDRESS 47 JUDSON AVE. P.O. BOX 623  
CITY-ST-ZIP WOODBURY CT 06798

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97

352.567-2500

Date

Daytime Phone #

CR2E034 (9/96)