

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90200 032 ***150.00

DOCUMENT # P94000011317

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1994

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 owes the current year Intangible
Personal Property Tax: ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

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

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

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

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

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS CAROE, KAY
CITY-ST-ZIP 47 JUDSON AVE. P.O. BOX 623
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 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, with all other like empowered.

SIGNATURE:

Thomas A Schrader
THOMAS A SCHRADER

4-13-99

Date

352 588-2501

Daytime Phone #

CR2E034 (11/98)

0379904