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Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000015738 (5)

1. Corporation Name

LODESTAR TOWER VIRGINIA, INC.

Principal Place of Business

630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

Mailing Address

630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408-4691



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

06/27/1996

4. FEI Number

65-0564556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

GIBBS, RONALD  
630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

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 in parentheses if not typed agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D WILSON, G J  
630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D BYRNE, THOMAS F  
630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D GIBBS, RONALD L  
630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D DICKIE, PAUL  
630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D PATTON, GEORGE  
630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

AS SALIE, DONALD  
630 U.S. HIGHWAY ONE STE. 403  
N. PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

Date

561-863-5605

Daytime Phone #

0301225

CR2E034 (9/96)