2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017012

Entity Name: GATOR TOWER MANAGEMENT, INC.

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 278 SW CAPITAL CIRCLE 4397 COUNTY ROAD 59 TALLAHASSEE, FL 32309 US STE A TALLAHASSEE, FL 32310 US **New Mailing Address: Current Mailing Address:** PO BOX 65 TALLAHASSEE, FL 32302 US FEI Number: 59-3227339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMB, MARION D 217 PINEWOOD DR TALLAHASSEE, FL 32303 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NEWTON, WILLIAM E NEWTON, WILLIAM E Name: Name: 5036 CENTENNIAL OAKS 5132 CENTENNIAL OAKS CIRCLE Address: Address: TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition NEWTON, SYBIL C Name: Name: NEWTON, SYBIL C 5036 CENTENNIAL OAKS 5132 CENTENNIAL OAKS CIRCLE Address: Address: TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition NEWTON, TIMOTHY E Name: Name: 4397 CO RD 59 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: () Delete Title: (X) Change () Addition NEWTON, WILLIAM P NEWTON, WILLIAM P Name: Name: Address: 2904 WHIRLAWAY TR. Address: 2904 WHRILAWAY TRAIL City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: Title: (X) Change () Addition () Delete NEWTON, WILLIAM E NEWTON, WILLIAM E Name: Name: 5036 CENTENNIAL OAKS Address: 5132 CENTENNIAL OAKS CIRCLE Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY E. NEWTON P 03/16/2005