FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:21

DOCUMENT # P94000029925 (2)

1. Corporation Name
TOWER SYSTEMS OF CENTRAL FLORIDA, INC.

Principal Place of Business
SOUTH COUNTY RD. 19
RURAL ROUTE 3, BOX 1474
WATERTOWN SD 57201-6474

Mailing Address
SOUTH COUNTY RD. 19
RURAL ROUTE 3, BOX 1474
WATERTOWN SD 57201-6474

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3241946 ☐ 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

LOUV, ARTHUR R
801 NORTH MAGNOLIA AVE.
SUITE 201
ORLANDO FL 32803-3842

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.

N/A

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CARLSON, WILLIAM F	1.2 NAME	Charles Erickson	
STREET ADDRESS	R.R. 3, BOX 1474, SOUTH COUNTY RD. 19	1.3 STREET ADDRESS	RR#3 Box 1474, South County Rd. 19	
CITY-ST-ZIP	WATERTOWN SD 57201-6474	1.4 CITY-ST-ZIP	Watertown, SD 57201-6474	
TITLE		2.1 TITLE	D	☐ Change ☒ Addition
NAME		2.2 NAME	Ronald Schafer	
STREET ADDRESS		2.3 STREET ADDRESS	RR#3 Box 1474, South County Rd. 19	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Watertown, SD 57201-6474	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	Cynthia Jo Bogart	
STREET ADDRESS		3.3 STREET ADDRESS	RR#3 Box 1474, South County Rd. 19	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Watertown, SD 57201-6474	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ 1/27/95 605 886-0930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Telephone Number)

0400029 FN