

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

FILED

Apr 28 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000029925 (2)

1. Corporation Name

TOWER SYSTEMS SOUTH, INC.

Principal Place of Business

6935 OLD CHENEY HWY  
ORLANDO FL 32807  
US

Mailing Address

6935 OLD CHENEY HWY  
ORLANDO FL 32807-5250  
US

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; 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.

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 CARLSON, WILLIAM F  
STREET ADDRESS R.R. 3, BOX 1474, SOUTH COUNTY RD. 19  
CITY- ST- ZIP WATERTOWN SD 57201-8474TITLE D ☐ DELETE  
NAME ERICKSON, CHARLES  
STREET ADDRESS RR 3 BOX 1474, SOUTH COUNTY RD 19  
CITY- ST- ZIP WATERTOWN SDTITLE D ☐ DELETE  
NAME SCHAFER, RONALD  
STREET ADDRESS RR 3 BOX 1474, SOUTH COUNTY ROAD 19  
CITY- ST- ZIP WATERTOWN SDTITLE D ☐ DELETE  
NAME BOGART, CYNTHIA J  
STREET ADDRESS RR 3 BOX 1474, SOUTH COUNTY ROAD 19  
CITY- ST- ZIP WATERTOWN SDTITLE P ☐ DELETE  
NAME DOUGLAS, CAROLYN S  
STREET ADDRESS 801 WHITE RIVER DR  
CITY- ST- ZIP ORLANDO FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME CARLSON, WILLIAM F.  
1.3 STREET ADDRESS 17226 447th Ave.  
1.4 CITY- ST- ZIP Watertown SD 572012.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Erickson, Charles  
2.3 STREET ADDRESS 17226 447th Ave.  
2.4 CITY- ST- ZIP Watertown, SD 572013.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Schafer, Ronald  
3.3 STREET ADDRESS 17226 447th Ave.  
3.4 CITY- ST- ZIP Watertown, SD 572014.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Bogard, Chythia J  
4.3 STREET ADDRESS 17226 447th Ave  
4.4 CITY- ST- ZIP Watertown, SD 572015.1 TITLE P ☒ Change ☐ Addition  
5.2 NAME DOUGLAS, CAROLYN S.  
5.3 STREET ADDRESS 801 White River Dr  
5.4 CITY- ST- ZIP Orlando FL 328286.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Hardee, James F  
6.3 STREET ADDRESS 17226 447th Ave  
6.4 CITY- ST- ZIP Watertown, SD 57201

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn S. Douglas 4/21/97 407-277-2347

Date Daytime Phone

CR2E034 (9/96)