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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **P94000082920 (7)**

1. Corporation Name
**TOWERCOM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1010 EAST ADAMS STREET<br>1600 INDEPENDENT SQ<br>JACKSONVILLE FL 32202<br>US | P.O. BOX 4069<br>1600 INDEPENDENT SQ<br>JACKSONVILLE FL 32201<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 1 Independent Drive<br>Suite, Apt. #, etc.<br>22 Suite 1600<br>City & State<br>23 Jacksonville, FL<br>Zip / Country<br>24 32202-5009 / 25 USA | 2a. Mailing Address<br>26 1 Independent Drive<br>Suite, Apt. #, etc.<br>27 Suite 1600<br>City & State<br>28 Jacksonville, FL<br>Zip / Country<br>29 32202-5009 / 30 USA |

3. Date Incorporated or Qualified
**11/14/1994**

4. FEI Number
**59-3279058**
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KREIS, ROBERT R<br>1600 INDEPENDENT SQ<br>JACKSONVILLE FL 32202 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | C | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOVETT, W RADFORD II | | 1.2 NAME | |
| STREET ADDRESS | 1600 INDEPENDENT SQ | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | OCEPEK, TONY | | 2.2 NAME | |
| STREET ADDRESS | 13790 NW 4TH ST., SUITE 111 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, SCOTT | | 3.2 NAME | |
| STREET ADDRESS | 614 WEST BAY ST SUITE 200 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | | 3.4 CITY-ST-ZIP | |
| TITLE | VT | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIAMS, L D | | 4.2 NAME | |
| STREET ADDRESS | 1600 INDEPENDENT SQ | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | |
| TITLE | VS | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | KREIS, ROBERT R | | 5.2 NAME | |
| STREET ADDRESS | 1600 INDEPENDENT SQ | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOVETT, RADFORD D | | 6.2 NAME | |
| STREET ADDRESS | 1600 INDEPENDENT SQ | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 CITY-ST-ZIP | |

CR2E034 (10/97)

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.

SIGNATURE _____ DATE 6/16/98