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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
1010 EAST ADAMS STREET
1600 INDEPENDENT SQ
JACKSONVILLE FL 32202
US

Mailing Address
P.O. BOX 4069
1600 INDEPENDENT SQ
JACKSONVILLE FL 32201
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1994

2. Principal Place of Business
21 1 Independent Drive
Suite, Apt. #, etc.
22 Suite 1600
City & State
23 Jacksonville, FL
Zip 24 32202-5009 Country 25 USA

2a. Mailing Address
26 1 Independent Drive
Suite, Apt. #, etc.
27 Suite 1600
City & State
28 Jacksonville, FL
Zip 29 32202-5009 Country 30 USA

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
KREIS, ROBERT R
1600 INDEPENDENT SQ
JACKSONVILLE FL 32202

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	C	☐ DELETE
NAME	LOVETT, W RADFORD II	
STREET ADDRESS	1600 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	☐ DELETE
NAME	OCEPEK, TONY	
STREET ADDRESS	13790 NW 4TH ST., SUITE 111	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	☐ DELETE
NAME	MILLER, SCOTT	
STREET ADDRESS	614 WEST BAY ST SUITE 200	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	☐ DELETE
NAME	WILLIAMS, L D	
STREET ADDRESS	1600 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	☐ DELETE
NAME	KREIS, ROBERT R	
STREET ADDRESS	1600 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	LOVETT, RADFORD D	
STREET ADDRESS	1600 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 [illegible] Corp/334-8405