▶ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085567

1. Corporation Name

MILE HIGH TOWER INSPECTIONS, INC.

Principal Place of Business

Mailing Address

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90078 024 ***150.00



1710 LOWRY A		1710 LOWRY AVE LAKELAND FL 33801				DO NOT WRITE IN THIS SPACE				
					3. Date Incorpo	rated or Qualifed	E IN THIS	SPACE		
2 Daineiral O	and of Puninger			4. FEI Number	/п ,		ΙΔn	plied For		
2. Principal Place of Business 21 2720 INOUS FRIAL PARK DR. 26 2720 INOUSTR				AN DAINE		90			t Applicable	
21 2726 Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of			\$8.75 A	Additional	
22 27						*			-	
City & State	LAND FL	City & State 28 LAILELAND,	LAKELAND, FL			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 3 3 8	SOI 25 USA	Zip 33801 [33801 30 USA			8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and /	Address of New F	Registered	Agent		
		<u> </u>	81	Name	•					
ROTH, RODGER J 1710 LOWRY AVE				82 Street Address (P.O. Box Number is Not Acceptable)						
LAKELAND FL 33801				 	 		-			
			84	1			FL			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	n Florida. Such change was au	thorized by	the corporation	oration submits this on's board of directo	statement for the ors. I hereby accep	purpose of t the appo	f changing its intment as re	registered gistered	
SIGNATURE										
OIOINATORE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered Age	nt signature require	d when reinstating)		DATE			
12.	OFFICERS ANI		13.		ADDITIONS/0	CHANGES TO OF	FICERS A			
TITLE	D	☐ DELETE	1.1 TITLE		.✔	-		Change	☐ Addition	
NAME	roth, rodger j		1.2 NAME	-						
STREET ADDRESS	1710 LOWRY AVE		1.3 STREE	TADDRES\$						
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-	ST-ZIP						
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NAME	ROTH, CHERYL L		2.2 NAME	j	-	1		<i>'</i> .	İ	
STREET ADDRESS	1710 LOWRY AVE		2.3 STREE	TADDRESS			•		{	
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NAME				T ADORESS	Sec. 1					
STREET ADDRESS			1	1		* * *			}	
CITY-ST-ZIP			5.4 CITY-1	SI-ZIP	_	· · · · · · · · · · · · · · · · · · ·		Channe	Addition	
TITLE		☐ DELETE	6.1 TITLE			•	•	☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRESS				•		
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP						

I hereby certify that the information supplied with this filing does not equally 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, with all other like empowered.