

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

**FILED**

**Feb 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000081703 (7)**

1. Corporation Name  
**TOWMASTER, INC.**



Principal Place of Business  
**10184 B FISHER AVE  
TAMPA FL 33619**

Mailing Address  
**10184 B FISHER AVE  
TAMPA FL 33619-7842**

3. Date Incorporated or Qualified <b>10/16/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3339340</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>119 Snowbird Ave</b>	2a. Mailing Address 26 <b>119 Snowbird Ave</b>
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 <b>Lakeland, FL</b>	City & State 28 <b>Lakeland, FL</b>
Zip 24 <b>33815</b>	Country 25 <b>POLK</b>
Country 29 <b>33815</b>	Country 30 <b>POLK</b>

**9. Name and Address of Current Registered Agent**

**KUNSTBECK, JAMES R  
10184 B FISHER AVE  
TAMPA FL 33619**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>119 Snowbird Ave</b>
83	
84 City	<b>Lakeland</b>
85 Zip Code	<b>FL 33815</b>

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUNSTBECK, JAMES R</b>	
STREET ADDRESS	<b>10184 B FISHER AVE</b>	
CITY - ST - ZIP	<b>TAMPA FL 33619</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SELF, WARREN D</b>	
STREET ADDRESS	<b>10184 B FISHER AVE</b>	
CITY - ST - ZIP	<b>TAMPA FL 33619</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>119 Snowbird Ave</b>
1.4 CITY - ST - ZIP	<b>Lakeland, FL 33815</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>119 Snowbird Ave</b>
2.4 CITY - ST - ZIP	<b>Lakeland, FL 33815</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Warren D. Self **WARREN D. SELF** 2-4-97 (941)687-7785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)