

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 10/16/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3339340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 21 119 Snowbird Ave Suite, Apt. #, etc.	2a. Mailing Address 26 119 Snowbird Ave Suite, Apt. #, etc.
22 City & State 23 Lakeland, FL Zip 24 33815	27 City & State 28 Lakeland, FL Zip 29 33815
Country 25 POLK	Country 30 POLK

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) 119 Snowbird Ave
83
84 City Lakeland
85 Zip Code FL 33815

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME KUNSTBECK, JAMES R		1.2 NAME	
STREET ADDRESS 10184 B FISHER AVE		1.3 STREET ADDRESS 119 Snowbird Ave	
CITY - ST - ZIP TAMPA FL 33619		1.4 CITY - ST - ZIP Lakeland, FL 33815	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME SELF, WARREN D		2.2 NAME	
STREET ADDRESS 10184 B FISHER AVE		2.3 STREET ADDRESS 119 Snowbird Ave	
CITY - ST - ZIP TAMPA FL 33619		2.4 CITY - ST - ZIP Lakeland, FL 33815	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)