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FILED
Apr 17 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 # P96000016719 (2)

1. Corporation Name
SERENITY TOWERS, INC.



Principal Place of Business

Mailing Address

8029 RIDGE POINTE DR. EAST
LAKELAND FL 33810-4467
US

P O BOX 261
LITHIA FL 33547
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

59-3361008

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 ~~has~~ has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

PATRICIA FISHER STOWERS

82. Street Address (P.O. Box Number is Not Acceptable)

147 OAK PARK PLACE

84. City

BRANDON

FL

85. Zip Code

33511

2. Principal Place of Business

2a. Mailing Address

21 147 OAK PARK PL

26 147 OAK PARK PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 BRANDON FL

27 City & State
28 BRANDON FL

Zip

Country

Zip

Country

24 33511

25 Hillsborough

29 33511

30 Hillsborough

9. Name and Address of Current/Registered Agent

STOWERS, CATHY C
8029 RIDGE POINTE DR. EAST
LAKELAND FL 33809-4467

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 607.0504, Florida Statutes.

SIGNATURE *Patricia Fisher Stowers* PATRICIA FISHER STOWERS 4-11-98

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 D
NAME STOWERS, CATHY C
STREET ADDRESS P O BOX 261 N/A
CITY-ST-ZIP LITHIA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. / DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2306 BEACH TRAIL
1.4 CITY-ST-ZIP INDIAN ROCKS BEACH FL 335785

2.1 TITLE V. PRES. TREASURER / DIRECTOR ☒ Change ☐ Addition
2.2 NAME PATRICIA FISHER STOWERS
2.3 STREET ADDRESS 747 OAK PARK PL
2.4 CITY-ST-ZIP BRANDON FL 33511

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 of this report or on an attachment with an address.

CATHY C. STOWERS *[Signature]* 4-11-98

CR2E034 (10/97)