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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071281 (5)

SIGNAL TOWER COMMUNICATIONS, INC.

Principal Place of Business 4480 NE STATE ROUTE 47 HIGH SPRINGS FL 32643 Mailing Address

4480 NE STATE ROUTE 47 HIGH SPRINGS FL 82643-5373

FILED May 09 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number - Applied For		
21	26					59-3410358 Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stati	>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<u>Ζ</u> φ	Country	Zip 29	30	Country		8. This corporation has liability for intangible that under s. 199.032, Florida Statutes		
24	9. Name and Address of Curre		1301		·····	10. Name and Address of New Registered Agent		
				81	Name			
HOLT, RANDY								
4480 NE STATE ROUTE 47 HIGH SPRINGS FL 32843				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				03				
				84	City	FL 85 Zip Code		
agent La SIGNATURE	m familiar with, and accept the oblig	gent and title if applicable (NO	TE: Registere			required when reinstating) DATE:		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIBLE	D	☐ DELETE	1,1 Tr	1.1 TITLE 1.2 NAME		· '/'		
NAME	HOLT, RANDY		1.2 N/			HOLT, RANDY		
STREET ADDRESS	4480 NE STATE ROUTE 47		1.3 S1	TREET A	ADDRESS	4480 NE SR47		
CITY - ST - ZIP	HIGH SPRINGS FL 32643		1.4 00	TY-SI	- ZIP	HIGH SPRINGS, FL 32643		
IITLE	D	☐ DELETE	2.1 TI	2.1 TITLE		CALLAHAN, WILLIAM D 13032 MAR STREET		
NAME	CALLAHAN, WILLIAM D		2.2 N	AME	ļ	CALLAHAN, WITTAM D		
STREET ADDRESS	13032 MAR STREET		2.3 S	TREET	ADDRESS	13032 MMR STREET		
City-St-ZiP	CORAL GABLES FL 33156		2.40	ITY - S		CORM GABLES FL 33156		
THEF		DELETE	3.1 7	3.1 TITLE		Change Addition		
NAME			3.2 N	AME				
STREET ADORESS			3.3 5	TREET	address			
CITY-ST-ZIF			3.4. €	aty · s	r-ziP			
1/11.6		DELETE	4.1 TI	ITLE		Change Addition		
NAME			4 2 N	IAME				
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STILL FRANCISCO			8 4.3 3		ロレいいにひひ 			
Cit V - \$1 - 7(P)					- 1			
Gry-St-76 Title		DELETE		ITY-S	- 1	☐ Change ☐ Addition		
101; E		DELETE	4.4 C	ITY-SI ITLE	- 1	Change Addition		
TITLE NAME		DELETE	4.4 C 5.1 TI 5.2 N	ITY-SI ITLE AME	r-ZIP	Change Addition		
TITLE NAME STREET ADDRESS		DELETE	5.1 TI 5.2 N 5.3 S	ITY-ST ITLE AME TREET	r-zip Address	Change Addition		
TITLE HAME STREET ADDRESS CITY+ST-ZIP		-	5.1 Ti 5.2 N 5.3 S 5.4 C	ity-si itle ame treet ity-si	r-zip Address	Change Addition		
TITLE NAME STREET ADDRESS CITY: ST: ZIP TITLE		DELETE	5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 T	ITY-ST ITLE AME TREET ITY-ST ITLE	r-zip Address			
THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME		-	4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	ITY-ST ITLE AME TREET ITY-ST ITLE IAME	r-zip Address r-zip			
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE		-	4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	ITY-ST ITLE AME TREET ITY-ST ITLE IAME	r-zip Address r-zip Address			

. For necesy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. Turning certify that the information indicated on this annual report of 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it for an adjackment with an adjutass.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

904 454 2289