

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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # P97000046096 (8)**  
 1. Corporation Name  
**TOWER DAIRY LAND USE, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1109 HUMMINGBIRD LANE<br/>BRANDON FL</b> | Mailing Address<br><b>1109 HUMMINGBIRD LANE<br/>BRANDON FL</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                       |                              |
|---------------------------------------|------------------------------|
| <b>2.</b> Principal Place of Business | <b>2a.</b> Mailing Address   |
| <b>21</b> Suite, Apt #, etc.          | <b>26</b> Suite, Apt #, etc. |
| <b>22</b> City & State                | <b>27</b> City & State       |
| <b>23</b> Zip                         | <b>28</b> Country            |
| <b>24</b> Country                     | <b>29</b> Zip                |
| <b>25</b> Country                     | <b>30</b> Country            |

**3.** Date Incorporated or Qualified  
**05/22/1997**

|   |  |
|---|--|
| <b>4.</b> FEI Number<br><b>59 345 79 25</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5.</b> Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

**BUSCIGLIO, NORMAN**  
**1109 HUMMINGBIRD LANE**  
**BRANDON FL**

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

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City <b>FL</b> <b>85</b> Zip Code                  |

**11.** Pursuant to the provisions of Sections 607.0602 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: *Norman Busciglio* DATE: **X 4/2/98**

**12. OFFICERS AND DIRECTORS**

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>BUSCIGLIO, NORMAN</b>       |                                 |
| STREET ADDRESS | <b>1109 HUMMINGBIRD LANE</b>   |                                 |
| CITY-ST-ZIP    | <b>BRANDON FL 33511</b>        |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>BUSCIGLIO, JOHN A</b>       |                                 |
| STREET ADDRESS | <b>2603 TRAPNELL ROAD EAST</b> |                                 |
| CITY-ST-ZIP    | <b>PLANT CITY FL 33568</b>     |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>ROMANO, EDWIN F</b>         |                                 |
| STREET ADDRESS | <b>3634 78TH STREET SOUTH</b>  |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33619</b>          |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>ROMANO, JOSEPH R</b>        |                                 |
| STREET ADDRESS | <b>2612 SHILO COURT</b>        |                                 |
| CITY-ST-ZIP    | <b>VALRICO FL 33594</b>        |                                 |
| 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**

|                           |   |
|---------------------------|---|
| <b>1.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2</b> NAME           |   |
| <b>1.3</b> STREET ADDRESS |   |
| <b>1.4</b> CITY-ST-ZIP    |   |
| <b>2.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2</b> NAME           |   |
| <b>2.3</b> STREET ADDRESS |   |
| <b>2.4</b> CITY-ST-ZIP    |   |
| <b>3.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2</b> NAME           |   |
| <b>3.3</b> STREET ADDRESS |   |
| <b>3.4</b> CITY-ST-ZIP    |   |
| <b>4.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2</b> NAME           |   |
| <b>4.3</b> STREET ADDRESS |   |
| <b>4.4</b> CITY-ST-ZIP    |   |
| <b>5.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2</b> NAME           |   |
| <b>5.3</b> STREET ADDRESS |   |
| <b>5.4</b> CITY-ST-ZIP    |   |
| <b>6.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2</b> NAME           |   |
| <b>6.3</b> STREET ADDRESS |   |
| <b>6.4</b> 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 if changed, as an attachment with an address.

SIGNATURE: *Norman Busciglio* DATE: **X 4/2/98** 513-CF5-7751

CP2E034 (10/97)