

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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90125 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000046096

1. Corporation Name
TOWER DAIRY LAND USE, INC.



Principal Place of Business 1109 HUMMINGBIRD LANE BRANDON FL	Mailing Address 1109 HUMMINGBIRD LANE BRANDON FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/22/1997
21	26	4. FEI Number 59-3457925
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Country	Zip Country	
24 25	29 30	

9. Name and Address of Current Registered Agent BUSCIGLIO, NORMAN 1109 HUMMINGBIRD LANE BRANDON FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCIGLIO, NORMAN	12 NAME	
STREET ADDRESS	1109 HUMMINGBIRD LANE	13 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCIGLIO, JOHN A	22 NAME	
STREET ADDRESS	2603 TRAPNELL ROAD EAST	23 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, EDWIN F	32 NAME	
STREET ADDRESS	3634 78TH STREET SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, JOSEPH R	42 NAME	
STREET ADDRESS	2612 SHILO COURT	43 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman Busciglio* *Norm Busciglio* 3/14/99 813-655-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)