

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 1:56

DOCUMENT # S75386

(0)

1. Corporation Name

TOWER SOURCE, INC.

Principal Place of Business

14860 SIX MILE CYPRESS PKWY
FT. MYERS FL 33912

Mailing Address

14860 SIX MILE CYPRESS PKWY
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0279127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NOLAND, JOHN A.
1715 MONROE ST.
FORT MYERS FL 33901

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

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 in printed name of registered agent and (one) if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARPER, DANIEL R.
STREET ADDRESS	14860 SIX MILE CYPRESS P
CITY- ST- ZIP	FT. MYERS FL
TITLE	D
NAME	MCNEW, QUINTON B.
STREET ADDRESS	14860 SIX MILE CYPRESS P
CITY- ST- ZIP	FT. MYERS FL
TITLE	DCP
NAME	HARPER, DANIEL S.
STREET ADDRESS	14860 SIX MILE CYPRESS P
CITY- ST- ZIP	FT. MYERS FL
TITLE	DS
NAME	ROZA, DENIS J.
STREET ADDRESS	14860 SIX MILE CYPRESS P
CITY- ST- ZIP	FT. MYERS FL
TITLE	DV
NAME	GRIDLEY, R. FREDERICK
STREET ADDRESS	14860 SIX MILE CYPRESS P
CITY- ST- ZIP	FT. MYERS FL
TITLE	DT
NAME	INGE, RONALD E.
STREET ADDRESS	14860 SIX MILE CYPRESS P
CITY- ST- ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this document is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 shareholder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Inge

4/13/95

813-481-2350

My/His/Her Name