


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

062574

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90087 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 370880

1. Corporation Name
ALTAMONTE, INC.

Principal Place of Business 7620 MARKET STREET P.O. BOX 9128 YOUNGSTOWN OH 44513 US	Mailing Address 7620 MARKET STREET P.O. BOX 9128 YOUNGSTOWN OH 44513 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1970

4. FEI Number

34-1082515

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 owes the current year Intangible
Personal Property Tax. ☐ 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	WOLFCALE, ARTHUR D JR	
STREET ADDRESS	7620 MARKET ST	
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	DAVENPORT, LYNN E.	
STREET ADDRESS	7620 MARKET ST	
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THRAILKILL, LARRY	
STREET ADDRESS	7620 MARKET ST	
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YORK, MARIE DENISE	
STREET ADDRESS	7620 MARKET STREET	
CITY-ST-ZIP	YOUNGSTOWN OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURPHY, JAMES F.	
STREET ADDRESS	7620 MARKET ST.	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

330-965-2021

Daytime Phone #

CR2E034 (1/98)