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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 570621 (3)

1. Corporation Name

ALTAMURA, MARSH AND ASSOCIATES, INC.

Principal Place of Business

29805 US HWY 19 NO
STE 210
CLEARWATER FL 34621
US

Mailing Address

PO BOX 6980
STE 210
CLEARWATER FL 34618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1978

4. FEI Number

59-1815556

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip 33764 Country

24 33764 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip 33758 Country

29 33758 30

9. Name and Address of Current Registered Agent

ALTAMURA, LEONARD N
29805 US HWY 19 NO
STE 210
CLEARWATER FL 34621

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

33761

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 ☐ DELETE

NAME PD
STREET ADDRESS ALTAMURA, LEONARD N
CITY-ST-ZIP 29805 US HWY 19 N
CLEARWATER, FL 00000

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS BULLER, KENNETH D
CITY-ST-ZIP 28905 UW HWY 19 N
CLEARWATER, FL 00000

TITLE ☐ DELETE

NAME V
STREET ADDRESS SHORT, JERRY W.
CITY-ST-ZIP 29805 US HWY 19 N
CLEARWATER FL

TITLE ☐ DELETE

NAME ST
STREET ADDRESS STITT, WILLIAM H.
CITY-ST-ZIP 29805 US HWY 19
CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address.

SIGNATURE:

Leonard N. Altamura

2-2-98 (813) 785-5651

CR2E034 (1097)