FILED Apr 08, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000004465

1. Corporation Name

ALTAMONTE TOWING, INC.

Principal Place	of Business	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7704 BASSWOOD DRIVE 7704 BASSWOOD DRIVE									
CHATTANOOGA TN 37416 CHATTANOOGA TN 37416						DO NOT WRITE IN THIS	SPACE		
	•					3. Date Incorporated or Qualifed			
					İ	08/06/1998			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	lied For	
21 26 26						APPLIED FOR 62-17361	<i>[76</i> ]	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	dditional	
27						5. Certificate of Status Desired	Fee Rec	quired	
City & State City & State						6. Election Campaign Financing	\$5.00 #	May Be	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes the current year Int		<del>сэ</del>	
24	25	29 30				Personal Property Tax.		X No	
	9. Name and Address of Current	Registered Agent	8	Name		10. Name and Address of New Registered	Agent		
COR	PORATION SERVICE COMPANY		°	Name					
1201 HAYS STREET				2 Street	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525				3					
			"	1					
			8-	4 City		FI	85 Zip C	ode	
44 D					corner		changing its	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboutfice or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.					oration	's board of directors. I hereby accept the appoi	ntment as reg	jistered	
agent. i ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statute	S.				į	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Ag	ent signature	required w	when reinstating) DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE		D		Change	Addition	
NAME	SEAMON, JAMES MICHAEL		1.2 NAME		Ba	idaley, Jeffrey			
STREET ADDRESS	117 MARKET STREET		1.3 STRE	ET ADDRESS	8º	503 Hill-top Dr.		)	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	1	1.4 CITY-	ST-ZIP	Ď	oltewah, TN 3M363			
TITLE	V	☐ DELETE	2.1 TITLE			·	☐ Change	☐ Addition	
NAME	MAYNORD, JOHN		2.2 NAME	!		•			
STREET ADDRESS	7704 BASSWOOD DRIVE		2.3 STREET ADDRESS		:				
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	1				
TITLE	1		3.1 TITLE				☐ Change	☐ Addition	
NAME	VICINETY LINE III		3.2 NAME	!					
STREET ADDRESS	,,,,,,		3.3 STRE	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		}		☐ Change	☐ Addition	
NAME			4. 2 NAM	Ē					
STREET ADDRESS	_		4.3 STRE	ET ADDRESS	;				
CITY-ST-ZIP			4.4 CITY-		-		Chanca	- Addition	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME		.		. ,		
STREET ADDRESS				ET ADDRESS	<b>'</b>			,	
CITY-ST-ZIP		□ se cre	5.4 CITY- 6.1 TITLE		+		☐ Change	Addition	
TOTE		☐ DELETE	🛮 O. I IIILE		1				

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP