

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 JUN 20 AM 11:01

DOCUMENT # **H16045** (7)
1. Corporation Name
ALTO CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address
**6506 N. FLORIDA AVE
SUITE #201
TAMPA FL 33604
US** **P O BOX 8761
TAMPA FL 33674-761
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/10/1984	01/24/1994
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2458589	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
SMITH, BRENDA SUE 515 E FERN ST 514 E FERN ST TAMPA FL 33604				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, BRENDA SUE 515 E FERN ST 514 E FERN ST TAMPA FL 33604				81 Name	SMITH, STEWART GREGG		
				82 Street Address (P.O. Box Number is Not Acceptable)	515 E FERN ST		
				83			
				84 City	TAMPA	FL	85 Zip Code 33604

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 **Stewart G. Smith** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STEWART GREGG	1.2 NAME	
STREET ADDRESS	514 E FERN	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	33604
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRENDA S.	2.2 NAME	
STREET ADDRESS	514 E FERN ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULL, GEORGE S	3.2 NAME	COULL, GEORGE S.
STREET ADDRESS	1704 N. ALEXANDER RD	3.3 STREET ADDRESS	1704 N. ALEXANDER RD
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	TAMPA FL 33604
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	EADY, EARL FRANK
STREET ADDRESS		4.3 STREET ADDRESS	559 ROBIN HILL CIR
CITY - ST - ZIP		4.4 CITY - ST - ZIP	BRANDON FL 33510
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **Stewart G. Smith, President** DATE DAYTIME PHONE #