

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H16045 (7)**

1. Corporation Name  
**ALTO CONSTRUCTION CO., INC.**



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

3. Date Incorporated or Qualified: **08/10/1984** 3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business: **7006 N. Central** 2a. Mailing Address: **P.O. Box 8761**  
 22. City & State: **Tampa, Florida** 27. City & State: **Tampa, Florida**  
 23. Zip: **33604-5513** 25. County: **Hillsborough** 29. Zip: **33674-8761** 30. County: **Hillsborough**

4. FEI Number: **59-2458589** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

11. Pursuant to the provisions of Sections 607.0509 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 of Registered Agent) \_\_\_\_\_ (Signature of President)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STEWART GREGG	1.2 NAME	
STREET ADDRESS	514 E FERN TAMPA FL	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST	1.4 CITY-STATE-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADY, EARL F	2.2 NAME	
STREET ADDRESS	559 ROBIN HILL CIR BRANDON FL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	V	2.4 CITY-STATE-ZIP	
TITLE	COULL, GEORGE S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1704 N. ALEXANDER RD TAMPA FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/14/96 (813) 932-4670  
 Date Filed Printed Name

CR2E034 (12/95)