

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90162 005 ***150.00

DOCUMENT # P93000006195

1. Corporation Name

ALPHA CONTRACT SALES, INC.

Principal Place of Business

P.O. BOX 22882
TAMPA FL 33622-2882

Mailing Address

P.O. BOX 22882
TAMPA FL 33622-2882

2. Principal Place of Business

21 430 Park Place Blvd.

Suite, Apt. #, etc.

22 Suite 600

City & State

23 Clearwater, FL

Zip Country

24 33759

25

2a. Mailing Address

26 430 Park Place Blvd.

Suite, Apt. #, etc.

27 Suite 600

City & State

28 Clearwater, FL

Zip Country

29 33759

30

9. Name and Address of Current Registered Agent

MCINTOSH, S M
9470 134TH ST NOR
SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1993

4. FEI Number

65-0385039

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

10. Name and Address of New Registered Agent

81 Name

Rita A. Lombardi

82 Street Address (P.O. Box Number is Not Acceptable)

430 Park Place Blvd.

83

Suite 600

84

City

Clearwater

FL

85

Zip Code

33759

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 *Rita A. Lombardi*

Rita A. Lombardi

2/8/99

(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 PD ☒ DELETE

NAME MONTIE, C L

STREET ADDRESS PO BOX 22882 NA

CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME LOMBARDI, RITA A.

STREET ADDRESS 311 PARK PLACE BLVD., STE 225

CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PD ☐ Change ☒ Addition

1.2 NAME Rosemary E. Piazza

1.3 STREET ADDRESS 430 Park Place Blvd., Ste. 600

1.4 CITY-ST-ZIP Clearwater, FL 33759

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME Rita A. Lombardi

2.3 STREET ADDRESS 430 Park Place Blvd., Ste. 600

2.4 CITY-ST-ZIP Clearwater, FL 33759

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita A. Lombardi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita A. Lombardi 2/8/99 (727)793-9333

Date

Daytime Phone #

CR2E034 (11/98)

0401022