

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90154 042 ***300.00

DOCUMENT # P95000062083

1. Corporation Name

VERTICAL TRANSPORTATION DESIGN CORPORATION

Principal Place of Business

331 16TH ST. NO.
ST PETERSBURG FL 33705

Mailing Address

331 16TH ST. NO.
ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1995

4. FEI Number

59-3330603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4301 34th St. North

Suite, Apt. #, etc.

2a. Mailing Address

26 4301 34th St. North

Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL

Zip

24 33714

County

25 USA

City & State

28 St. Petersburg, FL

Zip

29 33714

County

30 USA

9. Name and Address of Current Registered Agent

ALTON, WILLIAM M
331 16TH ST. NO.
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name

Same

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

4301 34th St. North

83

84 City

St. Petersburg

FL

85 Zip Code

33714

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

William M. Alton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/18/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GRAHAM, PETER D
STREET ADDRESS 5200 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE P ☐ DELETE

NAME ALTON, WILLIAM M
STREET ADDRESS 331 16TH ST. NO.
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE V ☐ DELETE

NAME LANCE, DANIEL
STREET ADDRESS 331 16TH ST. NO.
CITY-ST-ZIP ST PETERSBURG FL 33705

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

SIGNATURE

William M. Alton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

01/18/99

727-823-5220
Daytime Phone #

CR2E034 (1/198)

0405583