

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90034 013 ***150.00

DOCUMENT # P98000038881

1. Corporation Name

A.L.T. ENTERPRISES, INC.

Principal Place of Business

6860 GULFPORT BLVD SOUTH #110
ST PETERSBURG FL 33713-9010

Mailing Address

6860 GULFPORT BLVD SOUTH #110
ST PETERSBURG FL 33713-9010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

59-3507178

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 33707 Country

29 Zip 33707 Country

9. Name and Address of Current Registered Agent

INGALLS, CHESTER W
3495 FIFTH AVENUE NORTH
ST PETERSBURG FL 33713-9010

10. Name and Address of New Registered Agent

81 Name

Lisa A. Turner

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

7219 Park Street South

83

84 City

St Petersburg

FL

85 Zip Code

33707

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

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 D ☐ DELETE

NAME TURNER, A. ARTHUR
STREET ADDRESS 6860 GULFPORT BLVD SOUTH #110
CITY-ST-ZIP ST PETERSBURG FL 33713-9010

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 P/S
A. Arthur Turner
1.3 STREET ADDRESS 7219 Park Street South
1.4 CITY-ST-ZIP St Petersburg FL 33707

2.1 TITLE VP/IT ☐ Change ☒ Addition

2.2 NAME Lisa A. Turner
2.3 STREET ADDRESS 7219 Park Street South
2.4 CITY-ST-ZIP St. Petersburg FL 33707

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: x *A. Arthur Turner* REQUIRED *Arthur Turner* 3-15-99 727-381-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0408105

C.R25034 11/98