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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G73161** **(3)**

1. Corporation Name
ALPINE SOUTH PLUMBING CORPORATION

Principal Place of Business	Mailing Address
549 N. GOLDENROD ROAD ~~#7~~ ORLANDO FL 32807 US	549 N. GOLDENROD ROAD ~~#7~~ ORLANDO FL 32807-8219 US

2. Principal Place of Business	2a. Mailing Address
21 549 N. Goldenrod Rd	26 549 N. Goldenrod Rd
Suite, Apt. #, etc. 22 #14	Suite, Apt. #, etc. 27 #14
City & State 23 Orlando Fl	City & State 28 Orlando Fl
Zip / Country 24 32807 / 25 USA	Zip / Country 29 32807 / 30 USA

3. Date Incorporated or Qualified: 11/29/1983
3a. Date of Last Report: 01/29/1996
4. FEI Number: 59-2362471 ☐ 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

DIPAOLO, VICTORIA S
549 N. GOLDENROD ROAD
~~#7~~
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: Victoria S. DiPaolo
82 Street Address (P.O. Box Number is Not Acceptable): 549 N. Goldenrod Rd
83 #14
84 City: Orlando FL 85 Zip Code: 32807

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: Victoria S. DiPaolo — Victoria S. DiPaolo — 2/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIPAOLO, VICTORIA S		1.2 NAME		
STREET ADDRESS	549 N. GOLDENROD ROAD, #7		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIPAOLO, VICTORIA S		2.2 NAME		
STREET ADDRESS	549 N. GOLDENROD ROAD, #7		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUSS, BRABRA A		3.2 NAME		
STREET ADDRESS	11055 EASTWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Victoria S. DiPaolo REQUIRED — 2/10/97 — 407-281-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #