

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 21 AM 11:36
TALLAHASSEE, FLORIDA

DOCUMENT # L41277 (9)

1. Corporation Name

ALPINE CLEANERS, INC.

Principal Place of Business

22115 W NEWBERRY RD
NEWBERRY FL 32669
US

Mailing Address

22115 W NEWBERRY RD
NEWBERRY FL 32669
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2999085	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLANAGAN, STEPHEN
6403 NEWBERRY ROAD
GAINESVILLE FL 32605

81 Name

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

83

84 City

FL

85 Zip Code

32669

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FLANAGAN, STEPHEN
STREET ADDRESS	6403 NEWBERRY RD
CITY ST ZIP	GAINESVILLE FL
TITLE	D
NAME	HUNT, PHILLIP KEVIN
STREET ADDRESS	2712 SW 34TH ST #231
CITY ST ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY ST 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 110.07(3)(b), 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AFFIXED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

Date

904 472 4920

(Signature Printed)