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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023101 (4)

1. Corporation Name

ALT. SOURCE COMP., INC.

Principal Place of Business

141 HOMEWOOD DR
WINTER HAVEN FL 33880

Mailing Address

P O BOX 2206
WINTER HAVEN FL 33883-2206



2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARGIOTTI, VINCENT J JR
141 HOMEWOOD DR
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

FIRST REPORT

4. FEI Number

59-3346484

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

SAME

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

83

84 City

FL

85

Zip Code

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Vincent J. Margiotti, Jr.

VINCENT J. MARGIOTTI, JR. DIRECTOR

APRIL 17, 1997

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 MARGIOTTI, VINCENT J JR
NAME
STREET ADDRESS 141 HOMEWOOD DR
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D MARGIOTTI, MARY A
NAME
STREET ADDRESS 141 HOMEWOOD DR
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D WALKER, RONALD H
NAME
STREET ADDRESS 1801 N LIME ST
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D WALKER, KATHY L
NAME
STREET ADDRESS 1801 N LIME ST
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D RAY, JAMES A
NAME
STREET ADDRESS 312 CAROLYN DR
CITY-ST-ZIP LAKE LAND FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SAME
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SAME
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SAME
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SAME
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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. 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:

Vincent J. Margiotti, Jr.

VINCENT J. MARGIOTTI, JR.

4/17/97

941-298-0058

CR2E034 (9/96)