

CAPITAL CONNECTION

850 222 1222

02/18 '99 12:18 NO.704 01/02

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # PC1700010401
1. Corporation Name
ALPINE MECHANICAL, INC.

99 FEB 22 AM 9:59

STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
7252 NARCOOSSEE RD
ORLANDO, FL 32822

Mailing Address

REINSTATEMENT 98-99
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12-10-97

4. FEI Number

59-3497826

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

MARK ADAMS
8695 BLACK MESA DR.
ORLANDO, FL 3282911. 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 fee if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

2-18-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PRES/SEC. IT
STREET ADDRESS MARK A. ADAMS
CITY-ST-ZIP 8695 BLACK MESA DR.
ORLANDO, FL 32829TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
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CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Add
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP21. TITLE ☐ Change ☐ Add
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP31. TITLE ☐ Change ☐ Add
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP41. TITLE ☐ Change ☐ Add
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP51. TITLE ☐ Change ☐ Add
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP61. TITLE ☐ Change ☐ Add
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99467-275-0365