FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41758** **(6)**

1. Corporation Name
ALPINE MOUNTAIN DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
2042 SCHOHARIE COURT ORLANDO FL 32817	2042 SCHOHARIE COURT ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1992
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 78 West Church Street
Suite, Apt. #, etc.
22: Suite 100
City & State
23: Orlando, Florida
Zip 24: 32801 Country 25: Orange

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 59-3132705 ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCBRIDE, WILLIAM M.
2042 SCHOHARIE COURT
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	MCBRIDE, WILLIAM M	12 NAME		
STREET ADDRESS	2042 SCHOHARIE COURT	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	Chairman/CEO	☒ Change ☐ Addition
NAME	INGRAHAM, TERRY K	22 NAME	Ingraham, Terry K	
STREET ADDRESS	1408 NEWBRIDGE LANE	23 STREET ADDRESS	1408 Newbridge Lane	
CITY-ST-ZIP	ORLANDO FL 32825	24 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	S	31 TITLE	VP/T	☒ Change ☐ Addition
NAME	INGRAHAM, MONIKA	32 NAME	Ingraham, Monika	
STREET ADDRESS	1408 NEWBRIDGE LANE	33 STREET ADDRESS	1408 Newbridge Lane	
CITY-ST-ZIP	ORLANDO FL 32825	34 CITY-ST-ZIP	Orlando FL 32825	
TITLE	T	41 TITLE	VP/S	☒ Change ☐ Addition
NAME	MCBRIDE, MICHELLE	42 NAME	McBride, Michelle	
STREET ADDRESS	2042 SCHOHARIE COURT	43 STREET ADDRESS	2042 Schoharie Court	
CITY-ST-ZIP	ORLANDO FL 32817	44 CITY-ST-ZIP	Orlando FL 32817	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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: Terry K. Ingraham, CEO Terry K Ingraham 4/11/95 (407)671-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060487 CP