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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V00079

1. Corporation Name

Alcorn McBride & Associates, Inc.

Principal Place of Business

Mailing Address

3300 S. Hiawassee, Building 105
Orlando, FL 32835-6350

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-1-92

3a. Date of Last Report

12-31-93

2. Principal Place of Business

21 same

2a. Mailing Address

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ZIP

24 COUNTRY

28 ZIP

29 COUNTRY

24

25

29

30

4. FEI Number

59-3098249

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. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Steve Alcorn
3300 South Hiawassee, Bldg. 105
Orlando, FL 32835-6350

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 designation as, Section 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee applicator

(NOTE: Registered Agent signature required when not adding)

DATE

5/15/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
President
Steve Alcorn
3300 South Hiawassee, Bld 105
Orlando, FL 32835-6350

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
Change Addition
300001485773
-05/12/95--01054--004
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP
Change Addition

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)(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 1207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Steve Alcorn

4/17/95

(407) 296-5800

(Official Use Only)