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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 431287 1. Corporation Name

PRITCHARD MUSIC, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90017 013 \*\*\*150.00



Principal Place of Business Mailing Address						#1811 <b>#</b> 1811 #1811	81311 <b>91</b> 911 1881
2108 BEE RIDGE SARASOTA FL 3		2108 BEE RIDGE ROAD SARASOTA FL 34239			DO NOT WRITE IN THE	S SPACE	
					3. Date incorporated or Qualifed		
					07/24/1973		
		2a. Mailing Address			4. FEI Number	A	pplied For
<del></del> 7	ace of Business	<b>⊢</b> ¬			59-1480252	N	ot Applicable
21 Suite Ant 1	H ata	Suite, Apt. #, etc.				<del></del>	Additional
Suite, Apt. #, etc		27		5. Certifcate of Status Desired	Fee R	tequired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation owes the current year li	ntangible	
25		29 30	29 30		Personal Property Tax. Yes No		
24[	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent	
			8	1 Name			-
PRITCHARD, DAVID J.			8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
7420	JPEARLBUSH LANE		"	Sueet Addi	1033 (1.13. Bbx , 14.1132) 10 1101111111111111111111111111111111		
SARA	ASOTA FL 34241		8:	3			ļ
			Ļ	4 05	<u> </u>	. 85 Zip	Code
			84	4 City	F!		0000
44 Purcuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it	s registered
office or re	agistored agent of both in the State	of Fibrida, Such Change was auur	UHZEU D	A THE COLDONAL	on's board of directors. I hereby accept the app	ointment as r	egistered
agent. I a	m familiar with, and accept the obliga	Tions of, Section 607.0303, Florida	Otatate				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	, gistered Ag	ent signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PT	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	PRITCHARD, DAVID J.		1.2 NAME				j
STREET ADDRESS	7420 PEARLBUSH LANE		1.3 STRE	ET ADDRESS			}
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE		<del></del>	Change	Addition
NAME	PRITCHARD, CATHERINE A		2.2 NAME				
STREET ADDRESS	7420 PEARLBUSH LANE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY	-ST-ZIP		* = -	
TITLE		☐ DELETE	3.1 TITLE	: "		☐ Change	e 🔲 Addition
NAME			3.2 NAM	E			
STREET ADDRESS		1	3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4, CITY	-ST-ZIP		<u></u>	
TITLE		☐ DELETE	4.1 TITLE		<del></del>	☐ Change	e 🔲 Addition
NAME			4.2 NAM	IE			ļ
STREET ADDRESS		ļ	4.3 STRE	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE		,	☐ Change	e 🔲 Addition
NAME		•	5.2 NAM	E			· \
STREET ADDRESS	ļ		5.3 STR	EET ADDRESS			
CITY+ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE	E		Change	e 🗌 Addition
NAME .			6.2 NAM	E			
}	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	•	6.3 STRI	EET ADDRESS			
STREET ADDRESS	金融等 1000 年,有		64 CITY	ST-7IP			ļ

14. 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: