

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:24

DOCUMENT # F26009 (3)

1. Corporation Name
FOGT'S MUSIC, INC.

Principal Place of Business
**2085 SIESTA DRIVE
SARASOTA FL 34239**

Mailing Address
**2085 SIESTA DRIVE
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified **03/19/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2080791** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **4209 S. TAMiami TR.** 26 **4209 S. TAMiami TR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **SARASOTA, FLA.** 28 **SARASOTA, FLA.**

Zip Zip Country Country

24 **34231-3627** 25 **U.S.** 29 **34231-3627** 30

9. Name and Address of Current Registered Agent

**FOGT, DENNIS
4209 S TAMiami TR
SARASOTA, FL
34231**

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	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGT, DENNIS	12. NAME	
STREET ADDRESS	2095 SIESTA DR	13. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14. CITY-ST-ZIP	
TITLE	STD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGT, LAMONT D	22. NAME	
STREET ADDRESS	2095 SIESTA DR	23. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24. CITY-ST-ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERFER, JULIE FOGT	32. NAME	
STREET ADDRESS	2095 SIESTA DR	33. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34. CITY-ST-ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMANDT, MARLA F	42. NAME	
STREET ADDRESS	2095 SIESTA DR	43. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/28/95** **1-813-957-1288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)