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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Size Act A, etc. 22 City & State 27 City & State 28 City & State 27 City & State 37 City & Sta	DOCUN 1. Corporation	MENT # P9300 Name TAL AUDIO VISUAL SERV		52289 (2 NC.		ORATIC	DNS		)   <b>                    </b>		18: 18:11: 18:11 18:11
PENSACOLA FL 3204   PENS	Principal Place	of Business	Ma	iling Address							
2. Principal Pade of Blushess   2a, Manary Achiess   2b, Manary Achiess		4218 LYNN ORA DR.		4218 LYNN ORA DR.							
Principal Place of Business   2a. Mainting Actines.   2b. Suits, Agr. F. etc.   2b.	PENSAGOLA	FL 32504	١	PENSACOLA FL 325	04						
South Apile   South   South Apile   South											•
Size Apt #, etc   22   25   25   25   25   25   25   2		ice of Business	}n	Mailing Address					4		Applied For
27	21							59-3201325	•		
City & State    City & State   City & State   28   29   30   30   30   30   30   30   30   3	Suite, Apt. #	, etc	h	Suite, Apt. #, etc.				5. Cert-ficate of Status Desired		•	
26			···· 1	City & State				6 Election Campaign Engancing			
Section   Sect	23		j	•							
BLY, TERRY W 4218 LYNN ORA DR. PENSACOLA FL 32504  11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Fioritis Statistics. The above name at corporation's branch to the purpose of changing the registered agent, or both, in the State of Foritis Statistics. The above name at corporation's branch to the purpose of changing the registered agent, or both, in the State of Foritis Statistics. The above name at corporation's branch to the purpose of changing the registered difficient or registered agent, or both, in the State of Foritis Statistics. The above name at corporation's branch to the purpose of changing the registered difficient of Statistics. The above name at corporation's branch of declars. I hereby accept the appointment an registered difficient or registered agent, or both, in the State of Foritis Statistics. The above name at corporation's branch of declars. I hereby accept the appointment an registered agent, or both, in the State of Foritis Statistics. The above name at corporation's branch of declars. I hereby accept the appointment an registered difficient or registered agent, or both, in the State of Foritis Statistics. The appointment and accept the deplaced of Control Statistics. The appointment and accept the deplaced of Control Statistics. The appointment and accept the deplaced of Control Statistics. The appointment and accept the deplaced difficient or statistics. The appointment and accept the deplaced difficient or statistics. The appointment and accept the deplaced difficient or statistics. The appointment and accept the deplaced difficient or statistics. The appointment and accept the deplaced difficient or statistics. The appointment and accept the deplaced difficient or statistics. The appointment and accept the appointment and accep	Zip 24	<b>)η</b>	h	Zφ	- P 1	Country		8. This corporation has liability for Florida Statutes Ye	ıntangible s	tax under s	199.032,
BLY, TERRY W 4218 LYNN ORA DR. PENSACOLA FL 32504  82		g. Name and Address of Curre	ent Regist	ered Agent						J Agent	
\$218 LYNN ORA DR.   PENSACOLA FL 32504   83   34   City						81	Name				
PENSACOLA FL 32504						82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		
### City ### City #### City ####################################						92	ļ				
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	STREFT ADDRESS						ADORESS				

14. Ido 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 if changed, or if an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

or director of the corporation or the receiver or musiculous possible of lock 13 if changed, or in an attachment with an address signature and typed or printed name of signing of rices or director.

7/30/90

904-479-2678

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