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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 13 1998 8:00am Secretary of State

DOCUMENT # J63748 (4) 1. Corporation Name LAKE BUTLER SOUND COMPANY, INC.					III	
Principal Place of Business \$331 W. LAKE BUTLER RD WINDERMERE FL 34786		Mailing Address 5331 W. LAKE BUTLER RD WINDERMERE FL 34786		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
2. Principal P	2a. Mailing Address			03/20/1987 4. FEI Number	Applied For	
21]		26		59-2781570	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> Zip	Country	[28]	т		Trust Fund Contribution	Added to Fees
24 Zip	Country 25	Zip	Сошт <b>30</b>	ury	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	urrent year Intangible
	9. Name and Address of Current		1901		10. Name and Address of New Registered	
	ADFORD, LORI W.		1	81 Name		
5331 W. LAKE BUTLER ROAD				B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
WINDERMERE FL 34788			-	B3		
			L			
				City	FI	85 Zip Code
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 agistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607 1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	tes, the ab- authorized lorida Statu	ove-named cor by the corpora tes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	t and bite if applicable (NO	TF: Booisland	Anent signature requi	ired when reinstating) DATE	Tri a Mariti la maria
12.	OFFICERS AND		13.	Agon agracore rado	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D SDADEODO CAMACTA	DELETE	1,1 TITL	.E		☐ Change ☐ Addition
NAME	Bradford, Emmett 5331 W. Lake Butler RD		1.2 NAA			
STREET ADDRESS CITY-ST-ZIP	WINDERMERE FL			EET ADDRESS		
TITLE	D	DELETE	2.1 TITL	r-ST-ZIP		Change Addition
NAME	BRADFORD, LORI W.		2.2 NAA			C) Overige C) Addition
STREET ADDRESS	5331 W. LAKE BUTLER RD		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		2 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	31 TITL			☐ Change ☐ Addition
NAME STREET ADDRESS			3 2 NAN	·"		
CITY-ST-ZIP				EET ADDRESS		
TITLE		DELETE	4.1 TITL	Y-ST-ZIP E		Change Addition
NAME		<del></del>	4. 2 NA	<b>I</b>		Condition Control
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CITY	'-ST-ZIP		
TITLE		DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITU	'-ST-ZIP		Change Addition
NAME			6.2 NAM	- 1		Change Clyndingu
STREET ADDRESS				EET ADORESS		
CITY-ST-ZIP			6.4 CITY	'-ST-ZIP		
	ertify that the information supplied wit	h this filing does not qualify f	or the exer	nption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

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 inispreport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appearance with an address

SIGNATURE:

who Brooks du

4-5-98

CR2E034 (10/97