FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **314204** **(9)**

1. Corporation Name

AL HAVENER'S MUSIC LAND, INC.

Principal Place of Business	Mailing Address
5990 ULMERTON RD CLEARWATER FL 34620 US	5990 ULMERTON RD CLEARWATER FL 34610 US

3. Date Incorporated or Qualified: 02/28/1967	3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-1203315	☐ 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 2042 Bee Ridge Road	26 2042 Bee Ridge Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34239 / Country 25 Sarasota	Zip 29 34239 / Country 30 Sarasota

9. Name and Address of Current Registered Agent

GORMIN, GARY P.
3899 ULMERTON ROAD
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: Stephen F. Ellis
82 *Street Address (P.O. Box Number is Not Acceptable): 1800 Second Street
83 Suite 806
84 City: Saraspta FL 85 Zip Code: 34236

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 _____ Stephen F. Ellis 4/11/96
Signature, typed or printed name of person executing this application (NOTE: Registered Agent's signature required where name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☒ DELETE	11 TITLE	P/T/S/D	☐ Change ☒ Addition
NAME	HAVENER, ALBERT R		12 NAME	GIA WOODRUM a/k/a GIA WOODRUM HAVENER	
STREET ADDRESS	6000 CENTRAL AVE.		13 STREET ADDRESS	2042 Bee Ridge Road	
CITY-ST-ZIP	ST PETERSBURG FL		14 CITY ST ZIP	Sarasota, FL 34239	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	HAVENER, ALBERT, R		22 NAME		
STREET ADDRESS	6000 CENTRAL AVE.		23 STREET ADDRESS	2042 BEE RIDGE ROAD	
CITY-ST-ZIP	ST PETERSBURG FL		24 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Gia Woodrum Haven 4/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Gia Woodrum
Daytime Phone #