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FILED

Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 549111 (3)

1. Corporation Name  
AL HAVENER'S MUSICLAND OF SARASOTA, INCORPORATED  
ED



Principal Place of Business  
2042 BEE RIDGE RD  
SARASOTA FL 34239  
US

Mailing Address  
2042 BEE RIDGE RD  
SARASOTA FL 34239-6108  
US

3. Date Incorporated or Qualified 10/03/1977  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address  
6950 CENTRAL AVENUE

4. FEI Number 59-1781759  
Applied For Not Applicable

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. SUITE 180

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip

Country

28. ST. PETERSBURG FL 33707

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHEN F. ELLIS  
1800 SECOND STREET  
SUITE 806  
SARASOTA FL 34236

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

Signature of the president, officer, director, or other person authorized to sign (if applicable)

(NOTE: Registered Agent's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAVNER, AL  
STREET ADDRESS 5990 ULMERTON ROAD  
CITY, ST, ZIP CLEARWATER FL

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE PTSD  
NAME GIA WOODRUM, A/K/A GIA WOOD  
STREET ADDRESS 2042 BEE RIDGE RD  
CITY, ST, ZIP SARASOTA FL

☐ DELETE

2.1 TITLE PTSD  
2.2 NAME GIA WOODRUM HAVENER  
2.3 STREET ADDRESS 2042 BEE RIDGE ROAD  
2.4 CITY, ST, ZIP SARASOTA FL 34239-34239

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do 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-I changed, or on an attachment with an address.

SIGNATURE:

Gia Woodrum Havener

Gia Woodrum HAVENER

3/3/97 941-925-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0428867

CR2E034 (9/96)