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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

673033

(7)

SOUND, MANAGEMENT OF ST. PETERSBURG, INC.

Principal Plack of Business Mailing Address 2325 ULMERTON ROAD 2325 ULMERTON ROAD SUITE 20 CLEARWATER FL 34622 SUITE 20 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34622** 3. Date Incorporated or Qualified 06/11/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2006644 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PARRY, EDWARD H BULLARD JR FRED 2325 ULMERTON ROAD 82 SUITE 20 83 **CLEARWATER FL 34622** 84 CLEARWATER 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 agont, 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 1.1 TITLE NAME BULLARD, FRED B JR. 1.2 NAME STREET ADDRESS 2325 ULMERTON ROAD SUITE 20 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-7IP 1.4 CiTY-ST-ZiP Change X DELETE ST ☐ Addition TITLE 2.1 TITLE PARRY, EDWARD H BERRY REBECCA J 2325 WIMERTON RD, #20 2.2 NAME NAME STREET ADDRESS 2325 ULMERTON ROAD SUITE 20 2 3 STREET ADDRESS CLEARWATER FL 33762 CLEARWATER, FL CITY-ST-ZIP 2. 4 City-St-ZiP DELETE 31 TITLE Change Addition TITLE MALIE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE TTI DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS**

14. Thereby 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 of 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 in on an attrachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

Scheeca John Cerry

2/1/98

813-5766424

FILED

Feb 26 1998 8:00am

Secretary of State

2E034 (10/97)