

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
JULY 1ST 1995
TALLAHASSEE, FLORIDA

1995

95 MAY - 1 PM 9:15

DOCUMENT # 689067

(7)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ROGER NELSON MUSIC, INC.

1124 NORTH MONROE STREET
C/O ROGER L. NELSON
TALLAHASSEE FL 32303

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C/O ROGER L. NELSON
TALLAHASSEE FL 32303

2. Filing Date	2a. Filing Address	3. Date of Incorporation	3a. Date of Last Report
21	26	09/25/1980	05/01/1994
22. State Agent	27. State Agent	4. Filing Number	4a. Acquired For
23	28	59-2026581	Not Applicable
24	29	5. Certificate of State Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26	31	7. How is the corporation's liability for information provided by the filing officer?	
27	32	Yes ☒ No ☐	

9. Name and Address of Current Registered Agent

NELSON, J ALAN
1122 N MONROE STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Applicable)	
83.	
84. City	FL

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits the statement for the purpose of changing its registered officer as required by the provisions of the Florida Statutes, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME PV NELSON, J ALAN 610 GUNTER ST TALLAHASSEE FL	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shown to be equal to the information stated in the Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that the signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the person or persons who prepared the report or reports required by the Florida Statutes, and that my name appears on the filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

904-222-7517