

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90010 005 \*\*\*150.00

**DOCUMENT # G60112**

1. Corporation Name

**ACOUSTICAL & INTERIOR PRODUCTS COMPANY**

Principal Place of Business

**2809 CLYDO ROAD  
JACKSONVILLE FL 32207**

Mailing Address

**2809 CLYDO ROAD  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/19/1983**

4. FEI Number

**59-2330442**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOCKWOOD, RANDALL E  
2809 CLYDO RD  
JACKSONVILLE FL 32207**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **LOCKWOOD, RANDALL E**  
STREET ADDRESS **2809 CLYDO RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DV** ☐ DELETE  
NAME **LOCKWOOD, LESLIE R.**  
STREET ADDRESS **2809 CLYDO RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

588027-90010-2  
G-60112

## **ACOUSTICAL & INTERIOR PRODUCTS COMPANY**

Ceiling Suspension Systems • Ceiling Tile • Insulation & Other Related Interior Specialties  
2809 Clydo Road • Jacksonville, FL 32207  
Phone (904) 739-0015  
Fax (904) 739-0016  
(800) 940-1101

July 6, 1999

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: FEI Number 59-2330442

Gentlemen;

We received "2ND NOTICE" in the mail today and checked our file for Florida Department of State and realized that our Corporation Annual Report "1ST NOTICE WITHOUT PENALTY" had been misfiled, without the annual fee being paid and mailed.

We have enclosed our check for \$150.00 and ask that you please waive the \$400.00 Late Fee, as we have paid our past Annual Report Fees promptly.

Thank you for your consideration and understanding, as we are a small corporation just trying to do our best for all concerned.

Very truly yours,  
ACOUSTICAL & INTERIOR PRODUCTS COMPANY



Randall E. Lockwood, Pres.

REL/rl  
encl.