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

PROFIT CORPORATION

H19279

(9)

CUSTOM SOUND OF JACKSONVILLE, INC.

May 06 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT #



FILED

Principal Place of Business **STEPHEN A. HOULD. ESQ. 708 N THIRD STREET JACKSONVILLE BEACH FL 32250		Mailing Address **STEPHEN A. HOULD. ESO. 708 N THIRD STREET JACKSONVILLE BEACH FL 32250-7149		1 (011) 1101 (101) (101) (101) (101)				
					3. Date Incorporated or Qualified 09/04/1984		le of Last R /01/1996	
i	Place of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			59-2456426			ot Applicable
Suite, Ap	t #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & St	ale	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zφ	Country	Zip	Country		8. This corporation has liability fo	r intangible	ax under s	199.032,
24	25	29	30			Yes [
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	legistered A	gent	
	OULD, STEPHEN A, ESQ		81	Name				
	'08 n third street Iacksonville beach fl 3225	0	82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
			83					
			84	City			85 Zip	Code
					poration submits this statement for the	FL	L.I.	
SIGNATURÉ	Seg acord. Typerfict pointed name of registered	agent and title if applicable (NO AND DIRECTORS	TE: Registered Age	ont signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	RS IN 12
TilLl	S	☐ DELETE	1.1 TOTLE				Change	Addition
NAME	MURRAY, BEN		1.2 NAME					
STREET ADDRESS	151 MIDDLETON PLACE		1.3 STREET	ADDRESS				
CHY-ST ZIP	ATHENS GA		1.4 CITY - S	Y-ZIP				
TRUE	MURRAY, MELISSA L.	[] DELETE	2.1 TITLE	}			Change	☐ Addition
NAME	161 MIDOLETON DI		2.2 NAME					
STREET ADDRESS	ATHEN GA		2.3 STREET					
COTY-ST ZIP	P	DELETE	2.4 CITY-	ST-ZIP			Change	Addition
Title	MURRAY, BEN	[] OCICIE	3.1 TITLE 3.2 NAME	1			Gliange	L Modilion
NAME CONTRACTOR	161 MIDNI ETON DI			ADDOCCO				
STREET AUDRES	ATHENS GA		3.3 STREET 3.4. CITY					
CHY-SI-ZiP Ufet	V	DELETE	4.1 TITLE	51 * ZIP			Change	Addition
NAME	HANNA, JOHN		4. 2 NAME					
STREET ADDRESS	, 1035 Overlook dr		4.3 STREET	ADORESS				
CiTy - ST - ZiP	BOGART GA		4.4 CITY- S	ŀ				
1011		DELETE	5.1 TITLE				Change	Addition
NAM:			5.2 NAME	Ì				
STREET ADDRESS	S		5.3 STREE	ADDRESS				
CITY - ST. ZIP			5.4 CITY-5	ST-ZIP				
IIILF		DELETE	61 TITLE				Change	Addition
NAME			62 NAME					
STREET ADDRESS	s		6 3 STREET	ADDRESS				
CITY ST 20			6.4 CITY -	ST-ZIP				
14. I do he:	celly certify that the information supr	hed with this filing does not qual	lify for the exe	motion state	ed in Section 119.07(3)(i), Florida Statu	tes Liuriber	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 3 if chapter 607, or on an attachment with an address.

SIGNATURE:

0038867