

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90209 012 ***150.00

DOCUMENT # H51153

1. Corporation Name

QUALITY SOUND, INC.

Principal Place of Business

2761 CAPITAL CIR NE
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 13841
TALLAHASSEE FL 32317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1985

4. FEI Number

59-2515030

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 Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MAJORS, JOEL E.
5224 VELDA DAIRY RD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

Angel Majors

82 Street Address (P.O. Box Number is Not Acceptable)

2761 Capital Circle NE

83

84 City

Tallahassee

FL

85 Zip Code

32308

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 607.0508, Florida Statutes.

SIGNATURE

Angel Majors

Angel Majors

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME MAJORS, JOEL E.
STREET ADDRESS 5224 VELDA DAIRY RD.
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE STD
NAME MAJORS, KAY
STREET ADDRESS 5224 VELDA DAIRY RD.
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE PD
NAME MAJORS, JOEL LEE
STREET ADDRESS 9116 BITHLO LANE
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE VD
NAME MAJORS, TIMOTHY P.
STREET ADDRESS 1030 COPPER CREEK DR
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4185 Tralee Rd.

1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4185 Tralee Rd.

2.4 CITY-ST-ZIP Tallahassee, FL 32308

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Lee Majors

Date

Daytime Phone #

4-29-99

668-0543

CR2E034 (1/98)