

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

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 9:08

DOCUMENT # **H99901** (1)
1. Corporation Name
SOUND IDEAS OF PENSACOLA, INC.

Principal Place of Business 17 S. PALAFOX, SUITE 102 P. O. BOX 12352 PENSACOLA FL 32501	Mailing Address 17 S. PALAFOX, SUITE 102 P. O. BOX 12352 PENSACOLA FL 32501		
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24	25 Zip	29	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1986	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2637684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRICE, THOMAS P. 17 S. PALAFOX, SUITE 102 PENSACOLA FL	10. Name and Address of New Registered Agent	
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	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 mailing	DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRICE, THOMAS P.	1. 2 NAME		
STREET ADDRESS	17 S. PALAFOX #102	1. 3 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	1. 4 CITY ST ZIP		
2. TITLE		2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2. 2 NAME		
STREET ADDRESS		2. 3 STREET ADDRESS		
CITY ST ZIP		2. 4 CITY ST ZIP		
3. TITLE		3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3. 2 NAME		
STREET ADDRESS		3. 3 STREET ADDRESS		
CITY ST ZIP		3. 4 CITY ST ZIP		
4. TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4. 2 NAME		
STREET ADDRESS		4. 3 STREET ADDRESS		
CITY ST ZIP		4. 4 CITY ST ZIP		
5. TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5. 2 NAME		
STREET ADDRESS		5. 3 STREET ADDRESS		
CITY ST ZIP		5. 4 CITY ST ZIP		
6. TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6. 2 NAME		
STREET ADDRESS		6. 3 STREET ADDRESS		
CITY ST ZIP		6. 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a member 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: *Thomas P. Grice*
DIGITAL SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/1/95* Division *Corporations*