

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**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

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

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

30

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPPD  
GRICE, THOMAS P.  
17 S. PALAFOX #102  
PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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 addition, with an address.

SIGNATURE:

SIGNATURE MUST BE PRINTED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Signature Number