SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $625 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $575)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Already filed out
95 JUN 30 AM 8:29
6/28/95
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
mailed with check
for $ 2.00 ck

DOCUMENT # **J94416** **(1)**

1. Corporation Name
HEAR BEST, INC.

Principal Place of Business	Mailing Address
1873 PARKCREST DR JACKSONVILLE FL 32211	1873 PARKCREST DR JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/17/1987	05/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. 22: HEARBEST, INC. 1873 PARKCREST DR. JACKSONVILLE, FL 32211	Suite, Apt. 27: HEARBEST, INC. 1873 PARKCREST DR. JACKSONVILLE, FL 32211
City 23	City 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2952130 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DALY ROBERT C 1876 PARKCREST DR JACKSONVILLE FL 32211	81 Name: MR. ROBERT C. DALY 82 Street Address (P.O. Box Accepted): 1873 PARKCREST DR. 83: JACKSONVILLE, FL 32211 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DALY, ROBERT C.	12 NAME	
STREET ADDRESS	1873 PARKCREST DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	900001531119
STREET ADDRESS		33 STREET ADDRESS	-07/06/95--01071--005
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	RC

CR2E034 (3/95)

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)(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: MR. ROBERT C. DALY 1873 PARKCREST DR. JACKSONVILLE, FL 32211 Robert C. Daly 6/28/95 9047210562
SIGNATURE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

01A011 FF