

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K53978 (8)

1. Corporation Name
SIGHT & SOUND SERVICE CENTER, INC.

Principal Place of Business

% JOHN W. MILNER
109 INDUSTRIAL BLVD.
PENSACOLA FL 32505

Mailing Address

% JOHN W. MILNER
109 INDUSTRIAL BLVD.
PENSACOLA FL 32505-2201



3. Date Incorporated or Qualified 01/01/1989	3a. Date of Last Report 04/03/1996
4. FEI Number 59-2928435	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILNER, JOHN W.
109 INDUSTRIAL BLVD.
PENSACOLA FL 32505

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 of registered agent or of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, JOHN W.	1.2 NAME	
STREET ADDRESS	11488 CLEAR CREEK DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN L.	2.2 NAME	
STREET ADDRESS	1204 MILL CREEK TR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CANTONMENT FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES H., JR.	3.2 NAME	
STREET ADDRESS	404 KILKENNY WAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CANTONMENT FL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, DAVID K.	4.2 NAME	
STREET ADDRESS	400 LIMERICK LANE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, DOROTHY B.	5.2 NAME	
STREET ADDRESS	11488 CLEAR CREEK DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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

SIGNATURE:

John W. Milner

JOHN W. MILNER

4-23-97

904-477-9824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0485620

CR2E034 (9/96)