

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **K75381** (9)  
 1. Corporation Name

**SONSHINE SOUND, INC.**



Principal Place of Business: **8804 UNIVERSITY PKWY. PENSACOLA FL 32514**  
 Mailing Address: **8804 UNIVERSITY PKWY. PENSACOLA FL 32514**

3. Date Incorporated or Qualified: **03/21/1989**  
 3a. Date of Last Report: **03/13/1995**  
 4. FEI Number: **59-2947893**  
 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

2. Principal Place of Business  
 2a. Mailing Address  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country

9. Name and Address of Current Registered Agent  
**GILLETTE, DAVID C  
 1400 GARVIN COURT  
 CANTONMENT FL 32533**

10. Name and Address of New Registered Agent  
 81 Name: **Gillette, David C**  
 82 Street Address (P.O. Box Number is Not Acceptable): **8808 University Pkwy**  
 83  
 84 City: **Pensacola** FL 85 Zip Code: **32514**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GILLETTE, DAVID C</b>	
STREET ADDRESS	<b>1400 GARVIN COURT</b>	
CITY-ST-ZIP	<b>CANTONMENT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GILLETTE, MARGARET K</b>	
STREET ADDRESS	<b>1400 GARVIN COURT</b>	
CITY-ST-ZIP	<b>CANTONMENT FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>Gillette, David C</b>		
13 STREET ADDRESS	<b>8808 University Pkwy</b>		
14 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>		
21 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>Gillette, Margaret K</b>		
23 STREET ADDRESS	<b>8808 University Pkwy</b>		
24 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Gillette David Gillette 7/16/96 904-478-9132  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)