

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L49336** (5)
1. Corporation Name
SOUND GARDEN, INC.

Principal Place of Business C/O MICHAEL MCDANIEL 912 ST. JOHNS AVENUE PALATKA FL 32177	Mailing Address C/O MICHAEL MCDANIEL 912 ST. JOHNS AVENUE PALATKA FL 32177
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/05/1990	
4. FEI Number 59-2996581		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent MCDANIEL, MICHAEL 912 ST. JOHNS AVENUE PALATKA FL 32177	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, MICHAEL B	1.2 NAME	McDaniel, Michael B.
STREET ADDRESS	912 ST. JOHNS AVE.	1.3 STREET ADDRESS	912 St. Johns Ave.
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	Palatka, Fla. 32177
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JEFFREY H	2.2 NAME	McDaniel, Jeffrey H.
STREET ADDRESS	912 ST. JOHNS AVE.	2.3 STREET ADDRESS	912 St. Johns Ave.
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	Palatka, Fla. 32177
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, A. B.	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 280	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, MARGARET	4.2 NAME	
STREET ADDRESS	RT. 2, BOX 280	4.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JOSEPHINE M.	5.2 NAME	
STREET ADDRESS	912 ST. JOHNS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, MELISSA A	6.2 NAME	McDaniel, Melissa A.
STREET ADDRESS	RT. 1, BOX 38	6.3 STREET ADDRESS	Rt.1, Box 38
CITY-ST-ZIP	FLORAHOME FL	6.4 CITY-ST-ZIP	Florahome, Fla. 32140

14. I 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: *Michael B. McDaniel* **MCDANIEL, MICHAEL B.** 4-14-98 904-3259960

CR2E034 (10/97)

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CORPORATION ANNUAL REPORT _____

Sound Garden, Inc.
912 St. Johns Ave.
Palatka, Fla. 32177

Block 12

7-1 VM
7-2 King, Sean P.
7-3 2704 South Palm Ave.
7-4 Palatka, Fla. 32177