

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90117 048 \*\*\*150.00

DOCUMENT # L76317

1. Corporation Name

THE MUSIC MAN OF JACKSONVILLE, INC.



Principal Place of Business

799 LANE AVE S  
JACKSONVILLE FL 32205

Mailing Address

799 LANE AVE S  
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

4. FEI Number

59-2923466

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5950-1 Ramona Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 5950-1 Ramona Blvd.

Suite, Apt. #, etc.

City &amp; State

23 Jacksonville FL

Zip

24 32205

Country

City &amp; State

28 Jacksonville FL

Zip

29 32205

Country

30

9. Name and Address of Current Registered Agent

DYAL, DARRIN  
7370 HARRELL ST  
JACKSONVILLE FL 32219

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is not Acceptable)

83 6858 OLD KINGS RD. N.

84 City

JACKSONVILLE

FL

85 Zip Code

32219

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

PAUL B. DYAL

(NOTE: Registered agent signature required when resigning)

3-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME  
DYAL, DARRIN  
STREET ADDRESS  
7370 HARRELL ST  
CITY-ST-ZIP  
JACKSONVILLE FLTITLE ☐ DELETENAME  
DYAL, PAUL  
STREET ADDRESS  
6858 OLD KINGS ROAD N  
CITY-ST-ZIP  
JACKSONVILLE FLTITLE ☐ DELETENAME  
DYAL, SHAWN B.  
STREET ADDRESS  
7356 HARRELL ST.  
CITY-ST-ZIP  
JACKSONVILLE FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME  
SHAWN B. DYAL1.3 STREET ADDRESS  
7370 HARRELL ST.1.4 CITY-ST-ZIP  
JAX, FLA. 322192.1 TITLE ☐ Change ☐ Addition2.2 NAME  
DARRIN B. DYAL2.3 STREET ADDRESS  
7370 HARRELL ST.2.4 CITY-ST-ZIP  
JAX, FLA. 322193.1 TITLE ☐ Change ☐ Addition3.2 NAME  
DONALD LAQUICIA3.3 STREET ADDRESS  
10457 COLORADO SPRINGS AVE,3.4 CITY-ST-ZIP  
JACKSONVILLE, FLORIDA 322194.1 TITLE ☐ Change ☐ Addition4.2 NAME  
PAUL B. DYAL4.3 STREET ADDRESS  
6858 OLD KINGS RD. N.4.4 CITY-ST-ZIP  
JAX, FLA. 322195.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

PAUL B. DYAL

Date

2-23-99

Daytime Phone #

904-788-8051

CR2E034 (11/98)