SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:25

DOCUMENT # **N94000001174 (1)**

1. Corporation Name

SOUND APPROACH INC.

Principal Place of Business	Mailing Address
656 SOUTH CHRISTIANA AVE. APOPKA FL 32703	656 SOUTH CHRISTIANA AVE. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:
4. FEI Number: 593228734 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — Country / 30

9. Name and Address of Current Registered Agent

HAMLIN, LANDON
656 S. CHRISTIANA AVE.
APOPKA FL 32703

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	HAMLIN, LANDOM	12 NAME	
STREET ADDRESS	656 S. CHRISTIANA AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PIERCE, BRUCE	22 NAME	
STREET ADDRESS	1733 W. SHORES RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HAMLIN, JOANN	32 NAME	
STREET ADDRESS	656 S. CHRISTIANA AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	PIERCE, TINA	42 NAME	
STREET ADDRESS	1733 W. SHORES RD.	43 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	PIERCE, BRUCE	52 NAME	D Laveau, Stephen
STREET ADDRESS	1733 W. SHORES RD.	53 STREET ADDRESS	2133 Palm Crest Drive
CITY-ST-ZIP	MELBOURNE FL 32935	54 CITY-ST-ZIP	apopka, Fl 32703
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCCLAY, TYLER	62 NAME	
STREET ADDRESS	2828 PERSHING AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	64 CITY-ST-ZIP	

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Landon Hamlin — Landon Hamlin — 6/1/95 — 407-886-7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003457