

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90028 017 \*\*\*\*70.00

DOCUMENT # N97000002484

1. Corporation Name  
SUPERNATURAL SOUNDS, INC.

Principal Place of Business  
1008 CENTER AVE  
PANAMA CITY FL 32401

Mailing Address  
1008 CENTER AVE  
PANAMA CITY FL 32401



601797 - 90013 - 20

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3492109	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country	Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

KELLY, DARRELL D  
1008 CENTER AVE  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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	PTD	1.1 TITLE	PTD
NAME	KELLY, DARRELL D	1.2 NAME	Kelly, Darrell
STREET ADDRESS	1008 CENTER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	JOHNSON, LINDA M	2.2 NAME	James M. Kelly
STREET ADDRESS	1124 HARMON AVENUE	2.3 STREET ADDRESS	1008 Center Ave.
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	Panama City, FL. 32401
TITLE	SD	3.1 TITLE	SD
NAME	DOUGLAS, ANGELA E	3.2 NAME	Maudine Kelly
STREET ADDRESS	511 DAVID AVENUE	3.3 STREET ADDRESS	1008 Center Ave.
CITY-ST-ZIP	PANAMA CITY FL 32404	3.4 CITY-ST-ZIP	Panama City, FL. 32401
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Darrell D. Kelly DATE: 07/12/99 DAYTIME PHONE: 850-785-5811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)