

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Montemayor
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035209 (3)

1. Corporation Name

HOME THEATER CONNECTION, INC.

DO NOT WRITE IN THIS SPACE

Previous Place of Business
105 N KINGS RD
P O BOX 614
CALLAHAN FL 32011

Mailing Address
105 N KINGS RD
P O BOX 614
CALLAHAN FL 32011

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FFL Number
59-3244286

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFORD, LARRY
105 N KINGS RD
CALLAHAN FL 32011

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

Larry Alford

5-1-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
D ALFORD, LARRY
2 STREET ADDRESS
P O BOX 614 N/A
3 CITY, ST, ZIP
CALLAHAN FL 32011

11 NAME ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

1 NAME
D MCKIERNAN, ROBERT J
2 STREET ADDRESS
2177 KINGSLEY AVE SUITE 7
3 CITY, ST, ZIP
ORANGE PARK FL 32073

21 NAME ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

1 NAME
D HURLEY, KEVIN S
2 STREET ADDRESS
2177 KINGSLEY AVE SUITE 7
3 CITY, ST, ZIP
ORANGE PARK FL 32073

31 NAME ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

1 NAME
2 STREET ADDRESS
3 CITY, ST, ZIP

41 NAME ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

1 NAME
2 STREET ADDRESS
3 CITY, ST, ZIP

51 NAME ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

1 NAME
2 STREET ADDRESS
3 CITY, ST, ZIP

61 NAME ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I 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)(b), 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:

Larry Alford
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

5-1-95 (904) 579-3538
TALLAHASSEE, FLORIDA

