

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 4-29-96 B-41698

DOCUMENT # P95000066575 (8)

1. Corporation Name

FLOYD'S MUSIC STORE, INC.



Principal Place of Business

Mailing Address

114 SOUTHEAST 1ST STREET
SUITE 9
GAINESVILLE FL 32601

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SUITE 9
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

08/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 666-1 W. Tenn. St.

26

4. FEI Number

59-3331344

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Tal., Fl.

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 32304

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

DON REID

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

114 SE FIRST ST. STE 6

83

84 City

GAINESVILLE

85

Zip Code

32601

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, 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

Don Reid

DON REID

1-17-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME: Pres., Treasurer
PATRICK W. CARNEY
STREET ADDRESS: 1323 Kings A. Fwy.
CITY-ST-ZIP: Tal., Fl. 32301

TITLE DELETE

NAME: V.P., Sec.
COURTNEY YERGENS
STREET ADDRESS: 101 F. Cactus Apt.
CITY-ST-ZIP: Tal., Fl. 32304

TITLE 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

1 1 TITLE Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

2 1 TITLE Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

3 1 TITLE Change Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

4 1 TITLE Change Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 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 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)(k), 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:

Patrick W. Carney

Patrick W. Carney, Pres. 4/26/96 (904) 224-3439

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)