

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90007 035 ***550.00

USA/FLA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000066575 ✓
 1. Corporation Name
FLOYD'S MUSIC-STORE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 666-1 W. TENNESSEE ST. TALLAHASSEE FL 32304 US	Mailing Address 666-1 W. TENNESSEE ST. TALLAHASSEE FL 32304 US
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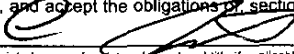
3. Date Incorporated or Qualified 08/29/1995	
4. FEI Number 59-3331344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
MARSTON, JEFF A
1978 GINO LANE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
 81 Name **Charles Jaquet**
 82 Street Address (P.O. Box Number is Not Acceptable)
666-1 West Tennessee St
 83
 84 City **Tallahassee** FL 85 Zip Code **32304**

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 607.0606, Florida Statutes.

SIGNATURE  **Charles L. Jaquet** DATE **7/6/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (re)stating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CARNEY, PATRICK
STREET ADDRESS	1978 GINO LANE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MARSTON, JEFF A
STREET ADDRESS	1978 GINO LANE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	HILL, JAY
STREET ADDRESS	666-1 W. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE FL 32304
TITLE	P <input type="checkbox"/> DELETE
NAME	Jaquet, Charles L
STREET ADDRESS	666-1 west Tennessee St
CITY-ST-ZIP	Tallahassee FL 32304
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles Jaquet
1.3 STREET ADDRESS	666-1 W. Tennessee St
1.4 CITY-ST-ZIP	Tallahassee FL 32304
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **Charles Jaquet** DATE **7/6/99** Daytime Phone # **222-3806**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)