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May 15 1997 8:00am
Secretary of State

PROFIT *
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000074827 (3)

1. Corporation Name

PRO SOUND ENTERTAINMENT, INC.



Principal Place of Business

119 SEACLUSION DR
PANAMA CITY BEACH FL 32413

Mailing Address

119 SEACLUSION DR
PANAMA CITY BEACH FL 32413-2751

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

04/29/1996

4. FET Number

59-3348970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PARRISH, JON D ESQ
800 LAUREL OAK DR
SUITE 400
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name PARRISH, JON D. ESQ
82 Street Address (P.O. Box Number is Not Acceptable)
83 2171 Pine Ridge Rd
84 City NAPLES FL 85 Zip Code 34109

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

Signature, typed or printed name of registered agent or child if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, DAVID
STREET ADDRESS 119 SEACLUSION DR
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE V
NAME JOHNSON, KAREN R.
STREET ADDRESS 119 SEACLUSION DR
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

[Signature]

11/11/1997

(604) 234-2311

CR2E034 (9/96)