

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 22 1997 8:00am
 Secretary of State

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| * PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000000205 (0)
 1. Corporation Name
HEARING MASTERS, INC.



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| Principal Place of Business 800 LOMAX STREET SUITE 104 JACKSONVILLE FL 32204 | Mailing Address 800 LOMAX STREET SUITE 104 JACKSONVILLE FL 32204 |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 800 Lomax St. Suite, Apt. #, etc. #101 22 City & State JACKSONVILLE 23 Zip 32204 Country DUVAL 24 | 2a. Mailing Address 25 800 Lomax St. Suite, Apt. #, etc. #101 27 City & State JACKSONVILLE 28 Zip 32204 Country DUVAL 29 |
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| 3. Date Incorporated or Qualified 12/26/1995 | 3a. Date of Last Report 04/15/1996 |
| 4. FEI Number 59-3320151 | Applied For <input type="checkbox"/> Not Applicable |
| 6. 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent DAVIS, JOHN D SR 8362 103RD STREET JACKSONVILLE FL 32210 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 **JOHN DAVIS** **9-1-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|---------------------------------------|---|
| TITLE <input type="checkbox"/> DELETE | PD MOORE, TERESA |
| NAME | 8214 PRINCETON SQUARE BLVD., E., # 603 |
| STREET ADDRESS | JACKSONVILLE FL 32217 |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | VPD MOORE, MADELINE J |
| NAME | 8607 HAVERHILL ST |
| STREET ADDRESS | JAX FL |
| CITY-ST-ZIP | |
| 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | PD MOORE, TERESA |
| 1.2 NAME | 1145 OWEN AVE |
| 1.3 STREET ADDRESS | JACKSONVILLE, FL 32205 |
| 1.4 CITY-ST-ZIP | |
| 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 | 000002303120 |
| 5.3 STREET ADDRESS | -09/25/97--01048--008 |
| 5.4 CITY-ST-ZIP | ***550.00 |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.2 NAME | 9/22/97 |
| 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 **TERESA MOORE** **8-15-97** **9043581887**

CR2E034 (4/97)