PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700005451

1. Corporation Name

HEARD MENTALITY MUSIC, INC.

Principal	Place	of Busines	8

4628 SHANNON CIR PENSACOLA FL 32504

US

Mailing Address

4628 SHANNON CIR PENSACOLA FL 32504

May 05, 1999 8:00 am Secretary of State

05-05-1999 90030 023 ***150.00



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualifed 01/17/1997	
	lace of Business	2a. Mailing Address	1	4. FEI Number	Applied For
21 2929	Langley Avenue	26 4600 langles	Avenue	59- 34275 <u>3</u> 0	Not Applicable
Suite, Apt. 22 204	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	iok Fr	28 Persaul Fr	4	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32507	Country 25 U S	^{Zip} 2504 [3	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	Agent
4028	., BLAKE J SHANNON CIR SACOLA FL 32504		81 Name 82 Street A 7600 83	ddress (P.O. Box Number is Not Acceptable)	25 Zin Code
			1° 1961.	saula F	L 32504
office or n	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligation of the control of t	of Florida. Such change was autitions of, Section 607.0505, Florida.	monzed by the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose accept the purpose accept the appropriate the purpose accept the purp	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1,1 TITLE		Change Addition
NAME	BELL, BLAKE J		1.2 NAME		•
STREET ADDRESS	ACCO CLIABILIONI CIE		1.3 STREET ADDRESS	4600 cayley Avenue	
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY-ST-ZIP	Persaula, Ez 32504	
TITLE		☐ DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS)		3.3 STREET ADORESS		
CITY-ST-ZUP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS]		4.3 STREET ADDRESS		
CITY-ST-ZIP_			4.4 CITY-ST-ZIP	- Construction	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TTTLE		☐ Change ☐ Addition
NAME	{		6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)