

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001989

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90009 017 ***550.00

DOCUMENT # **P97000045064**

1. Corporation Name

NORTH FLORIDA SOUND & VIDEO, INC.

Principal Place of Business

RT. 8, BOX 578
LAKE CITY FL 32055

Mailing Address

RT. 8, BOX 578
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

59-3448777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **630 W. HILLSBORO ST.**
Suite, Apt. #, etc.

22 **LAKE CITY, FL.**

City & State

Zip Country

24 **32055** 25 **USA**

2a. Mailing Address

26 **630 W. HILLSBORO ST.**
Suite, Apt. #, etc.

27 **LAKE CITY, FL**

City & State

Zip Country

29 **32055** 30 **USA**

9. Name and Address of Current Registered Agent

TAYLOR, WILLIAM W
RT. 8, BOX 578
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

WILLIAM W. TAYLOR

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

630 W. HILLSBORO ST

83

84 City

LAKE CITY

FL

85 Zip Code
32055

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **STONE, DOROTHY MARIE**

STREET ADDRESS **RT 8, BOX 578**

CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ DELETE

NAME **TAYLOR, WILLIAM W**

STREET ADDRESS **RT 8, BOX 578**

CITY-ST-ZIP **LAKE CITY FL 32055**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DOROTHY MARIE STONE**

1.3 STREET ADDRESS **630 W. HILLSBORO ST**

1.4 CITY-ST-ZIP **LAKE CITY, FL 32055**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P**

2.3 STREET ADDRESS **WILLIAM W. TAYLOR**

2.4 CITY-ST-ZIP **630 W. HILLSBORO ST**

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 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, with all other like empowered.

SIGNATURE: **WILLIAM W. TAYLOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/99
Date

(904) 755-0460
Daytime Phone #

CR2E034 (11/98)