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0470363

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000069485

1. Corporation Name

L.S. PITTS ENTERPRISES AND PISTON SOUND, INC.

Principal Place of Business

401 MANGO AVE  
UNIT D  
SARASOTA FL 34237

Mailing Address

P.O. BOX 49291  
SARASOTA FL 34230

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

PITTS, LEON S  
401 MANGO AVE  
UNIT D  
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box or Mailing Address) 2000002381102-3

83

84 City

FL 85 Zip Code

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 changing office)

Date

12. OFFICERS AND DIRECTORS

11 TITLE [ ] DELETE

NAME PITTS, LEON S  
STREET ADDRESS P.O. BOX 49291 N/A  
CITY-ST-ZIP SARASOTA FL

12 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

15 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE [ ] Change [ ] Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

FILED

99 FEB 18 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

4. FET Number

APPLIED FOR

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

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-199

941-954-4500

CR2E034 (11/98)