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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000077186 (9) DOCUMENT #

H & H ACOUSTICS, INC.

Principal Place of Business 606 CALHOUN ST.

FILED Feb 20 1998 8:00am Secretary of State



Mailing Address 606 CALHOUN ST. S. DAYTONA FL 32119 S. DAYTONA FL 32119 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3469 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 29 30 24 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** HOSKINS, DAVE 606 CALHOUN ST. 62 Street Address (P.O. Box Number is Not Acceptable) S. DAYTONA FL 32119 63 84 City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Pres. DELETE Change Addition TITLE 1.1 TITLE Dave Hoskins NAME 1.2 NAME 606 Calhoun St. STREET ADDRESS 1.3 STREET ADDRESS So. Daytong, FL 32119 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE V-Pres. Change Addition TITLE 2.1 TITLE Chris Hicks NAME 2.2 NAME 125 Bud Hollow Dr STREET ADDRESS 2.3 STREET ADDRESS Palm Coast, FL 32/37 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE ___ Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 chapted, or on an attachment with an address.