

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90025 046 \*\*\*150.00

DOCUMENT # P97000077186

1. Corporation Name

H & H ACOUSTICS, INC.



Principal Place of Business

606 CALHOUN ST.  
S. DAYTONA FL 32119

Mailing Address

606 CALHOUN ST.  
S. DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

59-3469793

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 2117 Umbrella Tree Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 2117 Umbrella Tree Drive  
Suite, Apt. #, etc.

City & State

23 Edgewater FL

City & State

28 Edgewater FL

Zip

24 32141

Country

25 Volusia

Zip

29 32141

Country

30 Volusia

9. Name and Address of Current Registered Agent

HOSKINS, DAVE  
606 CALHOUN ST.  
S. DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name

HOSKINS, DAVE

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

2117 Umbrella Tree Drive

83

84 City

Edgewater

FL

85 Zip Code

32141

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 P ☐ DELETE

NAME HOSKINS, DAVE  
STREET ADDRESS 606 CALHOUN ST  
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE VP ☐ DELETE

NAME HICKS, CHRIS  
STREET ADDRESS 125 BUD HOLLOW DR  
CITY-ST-ZIP PALM COAST FL 32137

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 P ☒ Change ☐ Addition

1.2 NAME HOSKINS, DAVE  
1.3 STREET ADDRESS 2117 UMBRELLA TREE DRIVE  
1.4 CITY-ST-ZIP EDGEWATER FL 32141

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME HICKS, CHRIS  
2.3 STREET ADDRESS 7960 CYPRESS LAKE DRIVE  
2.4 CITY-ST-ZIP SARASOTA FL 34243

3.1 TITLE V/S ☐ Change ☒ Addition

3.2 NAME HOSKINS, KELLI  
3.3 STREET ADDRESS 2117 UMBRELLA TREE DRIVE  
3.4 CITY-ST-ZIP EDGEWATER FL 32141

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:

*David Hoskins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)