

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

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

2. Principal Place of Business

21 2117 Umbrella Tree Drive
Suite, Apt. #, etc.

2a. Mailing Address

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

22

27

City & State

23 Edgewater FL

28 City & State

28 Edgewater FL

Zip

24 32141

Country

29

Zip

29 32141

30

Country

30 Volusia

9. Name and Address of Current Registered Agent

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

81 Name

HOSKINS, DAVE

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

2117 Umbrella Tree Drive

83

84 City

Edgewater

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKINS, DAVE		1.2 NAME	HOSKINS, DAVE	
STREET ADDRESS	606 CALHOUN ST		1.3 STREET ADDRESS	2117 UMBRELLA TREE DRIVE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		1.4 CITY-ST-ZIP	EDgewater FL 32141	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, CHRIS		2.2 NAME	HICKS, CHRIS	
STREET ADDRESS	125 BUD HOLLOW DR		2.3 STREET ADDRESS	7960 CYPRESS LAKE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	HOSKINS, KELLI	
STREET ADDRESS			3.3 STREET ADDRESS	2117 UMBRELLA TREE DRIVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	EDgewater FL 32141	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

Dave H. Hoskins / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WZPZ

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

04-15-1999 90025 046 ***150.00



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

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (11/98)