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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

HILED SECRETARY OF STATE PVISION OF CORPORATIONS

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DOCUMENT # P97000107400					33 SET (1	0 AM 11:5	3
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Principal Place	e of Business	Mailing Address			-	(10) Mass abres den	H ûl ikê da rê sahî
SOUND OFFICE 38 MARACLE ST	E COMPLEX, SUITE 1-B TRIP PARKWAY IEACH FL 32548	P.O. BOX 2767 FT. WALTON BEACH FL 32	549-2767		DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed 12/22/1997		
2. Principal P	Nace of Business	2a. Malling Address			4. FEI Number		oplied For
21		26			59-3495172		lot Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				Fee F	Required
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28)			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current		
24	25		30		Personal Property Tex.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent	81 N	•	10. Name and Address of New Reg	stered Agent	
	ES, C. DOUGLAS		[_]	lame Street Addre	ss (P.O. Box Number is Not Acceptable)	
	IND OFFICE COMPLEX, SUITE	1-8	\			<u> </u>	
	MIRACLE STRIP PARKWAY		83			_	_
FI. 1	WALTON BEACH FL 32548		84 Ci	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statute	the above na	amed corpo	cation submits this statement for the pur		s registered
office or re	to the provisions of Sections 607.01 egistered agent, or both, in the Stat in familiar with, and accept the oblig	te of Florida. Such change was at	thorized by the	corporation	n's board of directors. I hereby accept th	e appointment as r	egistered
							- 1
	m lamiliar with, and accept the oblig	gations of, Section 607.0505, Flor	ide Statutes.		•		-
SIGNATURE						DATE	
SIGNATURE	Signature, typed or printed name of registered a		Registered Agent sign			DATE	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and etial if applicable. (NOTE:	Registered Agent sign		when mineleting)	DATE	
SIGNATURE 12. TITLE	Signature, typed or private name of registered a OFFICERS /	agent and little if applicable. (NOTE: AND DIRECTORS	Registered Agent sign		when mineleting)	DATE ERS AND DIRECT	
SIGNATURE 12. TITLE NAME	Signature, typed or private name of registered a OFFICERS A P JONES, C. DOUGLAS	agent and little if applicable. (NOTE: AND DIRECTORS	Registered Agent sign 13. 1.1 TRUE 12 NAME	nature required	when mineleting)	DATE ERS AND DIRECT	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Floride 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 outly; that I am an officer or director of the corporation or the receiver or truste ampowered to execute this report as required by Chapter 607. Floride Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all privalities empowered.

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1/35/19 (850) 244-8120

September 14, 1999

Florida Department of State

Attn: Pat Bailey Ref: P97000107400

Dear Ms. Bailey,

Please accept our stupidity for the delay in sending you this money order. Somehow this letter got completely misplaced and was found under a stack of literature.

1 do hope this check will reinstate our corporation. This was really a blooper on our part. Thank you for your prompt attention to this matter.

Sincerely, Judy L. Janes

Judy E. Jones

Diversified Power Protection, Inc.

P.O. Box 2767

Ft Walton Beach, Fl 32549