

09101999-90007-007-\$300.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000058602

Corporation Name

SOUTHERN MUSIC CORPORATION

FILED

99 OCT 12 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/10/99 90007/007 \$150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business

N.W. 43RD STREET
SUITE 3-C
GAINESVILLE FL 32606

Mailing Address

2441 N.W. 43RD STREET
SUITE 3-C
GAINESVILLE FL 32606

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

39-3519513

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RAWLS, GREGORY B
2441 N.W. 43RD STREET
SUITE 3-C
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS
ST-ZIP
D
RAWLS, GREGORY B
2441 N.W. 43RD STREET #3-C
GAINESVILLE FL 32606
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P.O.
RAWLS, Gregory B
☒ Change ☐ Addition

ET ADDRESS
ST-ZIP
D
SUMMERS, MICHAEL J
2441 N.W. 43RD STREET #3-C
GAINESVILLE FL 32606
☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition
LS

ET ADDRESS
ST-ZIP
D
HUTCHINGS, DAVID S
2441 N.W. 43RD STREET #3-C
GAINESVILLE FL 32606
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

V.D.
HUTCHINGS, DAVID
☒ Change ☐ Addition

ET ADDRESS
ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ET ADDRESS
ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ET ADDRESS
ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (5/99)

17/20/99 352-3719017