

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90146 039 ***150.00

DOCUMENT # P98000068553

1. Corporation Name

AMERICAN GENERAL ACOUSTICS, INC.

Principal Place of Business

4908 OLD OAKLEAF DR.
SARASOTA FL 34233

Mailing Address

4908 OLD OAKLEAF DR.
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

65-0854584

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 7960 CYPRESS LAKE DR.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip

24 34243

Country

25 USA

2a. Mailing Address

26 7960 CYPRESS LAKE DR

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip

29 34243

Country

30 USA

9. Name and Address of Current Registered Agent

HICKS, CHRISTOPHER T
4908 OLD OAKLEAF DR.
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name HICKS, CHRISTOPHER T.

82 Street Address (P.O. Box Number is Not Acceptable)
7960 CYPRESS LAKE DR

83

84 City SARASOTA

FL

85 Zip Code
34243

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

Kimberly A Hicks

4-22-99

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 CHRISTOPHER T. HICKS

STREET ADDRESS 7960 CYPRESS LAKE DR.

CITY-ST-ZIP SARASOTA FL 34243

TITLE T/S ☐ DELETE

NAME KIMBERLY A. HICKS

STREET ADDRESS 7960 CYPRESS LAKE DR

CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

NAME ~~SPENCER J. HARRIS~~

STREET ADDRESS ~~4908 OLD OAKLEAF DR~~

CITY-ST-ZIP ~~SARASOTA FL 34233~~

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Kimberly A Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

941-358-5833

Daytime Phone #

CR2E034 (11/98)

0472682