

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S33246 (7)

1. Corporation Name

SONSHINE HEARING SPECIALISTS, INC.

Principal Place of Business

8535-5 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

Mailing Address

8535-5 BAYMEADOWS ROAD
JACKSONVILLE FL 32256



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

STAKE, GARY W
8535-5 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

02/15/1991

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3055914

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

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 then apply 244

(NOTE: Registered Agent signature must follow this block)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME STAKE, GARY W
STREET ADDRESS 10240 SCOTT MILL ROAD
CITY-STATE-ZIP JACKSONVILLE FL 32257

TITLE VS ☐ DELETE

NAME STAKE, KANDI K
STREET ADDRESS 10240 SCOTT MILL ROAD
CITY-STATE-ZIP JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

☐

Change

☐

Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

☐

Change

☐

Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

☐

Change

☐

Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

☐

Change

☐

Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

☐

Change

☐

Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a Attachment with an address.

SIGNATURE: *Kandi K Stake* KANDI K STAKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96 904-733-8888

CR2E034 (12/95)