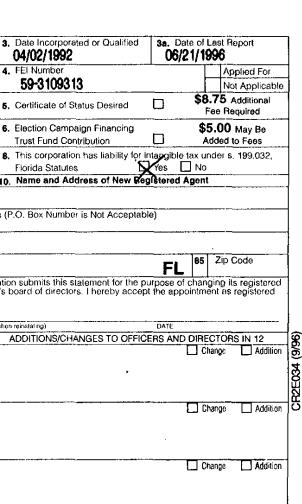
FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # **V25640** (6)TRI-COUNTY SOUND, INC. Principal Place of Business Mailing Address 3407-C NE 36TH AVE 3407-C NE 36TH AVE OCALA FL 34479-3168 OCALA FL 34478 3. Date Incorporated or Qualified 04/02/1992 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3109313 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing П 23 28 Trust Fund Contribution Ζίρ Zip Country Country ☐ No 24 25 Florida Statutes 30 Yes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROOKS, BENJAMIN W JR 3407-C NE 36TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 32670** 83 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TO LE BROOKS, BENJAMIN W JR NAME 1.2 NAME 2234 NE 6TH PLACE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 City - St - 7IP DELETE Change 21 11116 MILLER, CHARLES K JR NAME 22 NAME 3550 E C 466 STREET ADDRESS 2.3 STREET ADDRESS OXFORD FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME

Aug 27 1997 8:00am Secretary of State



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14. I do 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 roof tor supplemental arriural report is true and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporate for its true and secure in report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cityingly, or on an article mynique.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME