## 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** 

DOCUMENT # V25640

TRI-COUNTY SOUND, INC. F

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90043 006 \*\*\*150.00



Principal Place	e of Business	Mailing Address			
3407-C NE 36TI		3407-C NE 36TH AVE			
<del>DCALA-FL-3447</del> 9 <del>-QGALA-FL-344</del> 79 US US			DO NOT WRITE IN THIS SP	ACE	
			•	3. Date Incorporated or Qualifed	
				04/02/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
7 134	7. DE IATH ST	26 1347 NE 1	4TH ST.	59-3109313	Not Applicable
Suite. Apt.	<del></del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
2 .	· · · · · · · · · · · · · · · · · · ·	27	. <u> </u>	3. Conticate of Child Boshot	Fee Required
City & State	e	City & State	<del>-</del>	6. Election Campaign Financing	\$5.00 May Be
3 OCA		28 00,707		Trust Fund Contribution	Added to Fees
Zip 344	Country -		Country	8. This corporation owes the current year Intang	ible Ves □No
4 579		29 379 30		Personal Property Tax.  10. Name and Address of New Registered Age	
	9. Name and Address of Current	Registered Agent	81 Name	10. Haine and Address of New Registered Age	<u></u>
BRO	OKS, BENJAMIN W JR		<u> </u>		
SADTIC NE SOTH AVE			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	ļ
	LA FL 32670		83	77 106 17111 61	·
			84 City	DCACA FL <sup>l</sup>	34470
44 Durswoot	to the provisions of Sections 607 0503	and 607 1508 Florida Statutes th	ne above named co	reporation submits this statement for the purpose of cha	inging its registered
office or n	egistered agent, or both, in the State of manifer with, and accept the obligations.	if Florida. Such change was author	ized by the corpora	tion's board of directors. I hereby accept the appointm	ent as registered
SIGNATURE					
	Signature, typed or printed name of registered agent			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
12.	OFFICERS ANI		13.		Change
TITLE NAME	D Brooks, Benjamin w Jr	_	1.2 NAME	-	]
	2234-NE-6TH-PLACE		4 2 OTDEET ADDRESS	3220 SE 20TH AVE	
STREET ADDRESS	OCALA-FL	i i	ſ	OCALA, FL 34471	
CITY-ST-ZIP	D		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE			2.2 NAME	_	
NAME	MILLER, CHARLES K JR 3550 E C 466		2.3 STREET ADDRESS		
STREET ADDRESS	OXFORD FL				ĺ
CITY-ST-ZIP	OAFORD FL		2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME			3.2 NAME		
			3.3 STREET ADDRESS		ļ
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE			4.1 TITLE		Change Addition
NAME		_	4. 2 NAME	_	
	•		4.3 STREET ADDRESS		}
STREET ADDRESS			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		Change Addition
NAME		<del>-</del>	5.2 NAME		.
	}	Į.	5.3 STREET ADDRESS		{
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			6.1 TITLE		Change Addition
			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	i				
CITY-ST-ZIP	}	1.	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 informatic 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 foregration 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 chapted, or on an attachment with an address, with all other like empowered.

354-351-4300