

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 266408 (4)

1. Corporation Name  
**TALLHASSEE BEAUTY SUPPLY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 19 PM 1:07

Principal Place of Business Mailing Address  
P O BOX 791 P O BOX 791  
2820 S. MONROE ST. 2820 S. MONROE ST.  
TALLHASSEE FL 32302 TALLHASSEE FL 32302

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 01/22/1963 3a. Date of Last Report 01/20/1994  
4. FEI Number 59-0995378 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

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**GOOD, FRED O JR**  
**2820 SOUTH MONROE STREET**  
**TALLHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Type name, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning))

12. OFFICERS AND DIRECTORS  
TITLE PST  
NAME GOOD, FRED D  
STREET ADDRESS 710 CONCORD ROAD  
CITY- ST- ZIP TALLHASSEE FL  
TITLE D  
NAME GOOD, ELOISE  
STREET ADDRESS 710 CONCORD ROAD  
CITY- ST- ZIP TALLHASSEE, FL  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
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 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 included 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 837, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or an amendment with an address.

SIGNATURE: *Fred D. Good* 1-12-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR