

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

DOCUMENT # **373980** (2)

1. Corporation Name
JOE'S BODY SHOP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
321 HIGHBANKS ROAD DEBARY FL 32713 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/11/1970	07/28/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1325851	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRANDI, JOSEPH L. 1044 E. LOMBARDY DRIVE DELTONA FL 32725				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDI, JOSEPH L.	12	NAME
STREET ADDRESS	1044 E. LOMBARDY DRIVE	13	STREET ADDRESS
CITY - ST - ZIP	DELTONA FL	14	CITY - ST - ZIP
TITLE	V	2	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDI, DOROTHY D.	22	NAME
STREET ADDRESS	1044 E. LOMBARDY DRIVE	23	STREET ADDRESS
CITY - ST - ZIP	DELTONA, FL 00000	24	CITY - ST - ZIP
TITLE	T	3	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDI, GARY J.	32	NAME
STREET ADDRESS	1044 E. LOMBARDY DRIVE	33	STREET ADDRESS
CITY - ST - ZIP	DELTONA FL	34	CITY - ST - ZIP
TITLE	D	4	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, KAREN A.	42	NAME
STREET ADDRESS	895 TRAFALGAR ST.	43	STREET ADDRESS
CITY - ST - ZIP	DELTONA FL	44	CITY - ST - ZIP
TITLE		5	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY - ST - ZIP		54	CITY - ST - ZIP
TITLE		6	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY - ST - ZIP		64	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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: Joseph L. Grandi _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date System Print #