

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:59

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J59061 (8)

1. Corporation Name
WIG SHOP, INC.

Principal Place of Business
9320 U.S. HWY 19
PORT RICHEY FL 34668

Mailing Address
9320 U.S. HWY 19
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1987	3a. Date of Last Report 02/07/1994
21		26		4. FEI Number 59-1300985	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		28		☐ Yes ☐ No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MAZZEI, ANN L. C/O WIG SHOP, INC. 9320 U.S. HIGHWAY 19 PORT RICHEY FL 34668				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 607.1506, 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	new address (Name)		1.1 TITLE	Owner	☒ Change	☐ Addition
NAME	MAZZEI, ANN L.	8199 Floral Dr.		1.2 NAME	Ann L. Mazzei		
STREET ADDRESS	6028 PINEHURST DRIVE			1.3 STREET ADDRESS	8199 Floral Dr.		
CITY- ST- ZIP	SPRING HILL FL. 34607			1.4 CITY- ST- ZIP	Spring Hill, 34607		
TITLE				2.1 TITLE		☐ Change	☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY- ST- ZIP				2.4 CITY- ST- ZIP			
TITLE				3.1 TITLE		☐ Change	☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY- ST- ZIP				3.4 CITY- ST- ZIP			
TITLE				4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY- ST- ZIP				4.4 CITY- ST- ZIP			
TITLE				5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE				6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANN L. Mazzei - Ann L. Mazzei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
01/30/95 - 1-800-842-4085
Name T.A.H. 1-801-597-5441
0308102 CP