

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000023960 (4)**

1. Corporation Name

SHEAR JOY BEAUTY SALON, INC.



Principal Place of Business

70775 SW 93RD ST.
OCALA FL 34476

Mailing Address

70775 SW 93RD ST.
OCALA FL 34476

3. Date Incorporated or Qualified
03/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 **8430 SW 103RD ST RD.**

2a. Mailing Address

26 **7075 SW 93RD ST RD**

4. FEI Number

59-3306091

Applied For
Not Applicable

22 City & State

23 **OCALA FL**

27 City & State

28 **OCALA FL**

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

24 Zip

24 **34481**

Country

25 **MARION**

29 Zip

29 **34476-9230**

Country

30 **MARION**

9. Name and Address of Current Registered Agent

**WILSON, PAUL R
70775 SW 93RD ST.
OCALA FL 34476**

10. Name and Address of New Registered Agent

81 Name **MARILYN J WILSON**
82 Street Address (P.O. Box Number is Not Acceptable)
7075 SW 93RD ST RD
83
84 City **OCALA** FL 85 Zip Code **34476-9230**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

Marilyn J Wilson **MARILYN J WILSON**

2-12-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, PAUL R	
STREET ADDRESS	70775 SW 93RD ST.	
CITY-STATE-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, MARILYN J	
STREET ADDRESS	70775 SW 93RD ST.	
CITY-STATE-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.04(3)(k), 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 on an attachment with an address.

SIGNATURE: *Marilyn J Wilson* **MARILYN J WILSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96
DATE

352-854-5955
Telephone #

CR2E034 (12/95)