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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995/28/95



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

78-4872

DOCUMENT # **V32894** (0)

1. Corporation Name
CUTS, CURLS & COLOR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
7401 GALL BLVD. 7401 GALL BLVD.
ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541
US US

3. Date Incorporated or Qualified **04/28/1992** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-3124114** 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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GALE, JUDY M.
6434 CEDAR SIDE AVENUE
BROOKSVILLE FL 34602**

10. Name and Address of New Registered Agent
81 Name **Judy M. Gale**
82 Street Address (P.O. Box Number is Not Acceptable) **7401 Gall Blvd.**
83
84 City **Zephyrhills, FL** FL 85 Zip Code **33541**

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 officer 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

TITLE	D
NAME	GALE, JUDY M.
STREET ADDRESS	6434 CEDAR SIDE AVENUE
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D
NAME	MAURER, WILLIAM R.
STREET ADDRESS	6434 CEDAR SIDE AVENUE
CITY-ST-ZIP	BROOKSVILLE 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	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Judy M. Gale
1.3 STREET ADDRESS	7401 Gall Blvd.
1.4 CITY-ST-ZIP	Zephyrhills, FL 33541
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Julie Blommel
3.3 STREET ADDRESS	7401 Gall Blvd.
3.4 CITY-ST-ZIP	Zephyrhills, FL 33541
4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joel Craig Gale
4.3 STREET ADDRESS	7401 Gall Blvd.
4.4 CITY-ST-ZIP	Zephyrhills, FL 33541
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Judy M. Gale 4-24-94 813-783-3340
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)