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 APR 20 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **203979** **(0)**

1. Corporation Name
ACE BEAUTY CO.

Principal Place of Business	Mailing Address
6850 CROSS BAYOU DR N **LARGO FL 34647-1619**	**6850 CROSS BAYOU DR N** **LARGO FL 34647-1619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/03/1957**
3a. Date of Last Report: **07/26/1994**

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

4. FEI Number: **59-0606989** ☐ 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 taxable tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MAHONEY, JAMES M
3322 ADRIAN AVE.
LARGO FL 34644

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: James M. Mahoney James M. Mahoney 1/25/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	C D	☑ Change ☐ Addition
NAME	REID, LEIGHTON JR.	1.2 NAME	ReiD, Leighton Jr.	
STREET ADDRESS	6850 CROSS BAYOU DR.	1.3 STREET ADDRESS	6850 Cross Bayou Dr.	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo, FL	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	REID, ROBERT L.	2.2 NAME		
STREET ADDRESS	6241-41ST AVE. NORTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	REID, SARA	3.2 NAME		
STREET ADDRESS	6850 CROSS BAYOU DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP		
TITLE	VSD	4.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, JAMES M	4.2 NAME		
STREET ADDRESS	3322 ADRIAN AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	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)(i), 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: James M. Mahoney James M. Mahoney 1/25/95 (813)544-8861
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone #

097(650 CP