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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

266408

TALLAHASSEE BEAUTY SUPPLY, INC.

(4)

FILED
Jan 31 1996 8:00 am
Secretary of State

		189 BIBN 8180 3	

Principal Place	of Business	Mailing Address	***********							
P O BOX 7 2820 S. MO	791 DNROE ST.	P O BOX 791 2820 S. MONROE S	P O BOX 791 2820 S. MONROE ST.							
TALLAHASS	SEE FL 32302	TALLAHASSEE FL 3	TALLAHASSEE FL 32302			3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1963 01/19/1995				
2. Principal Pla	nce of Business	2a. Mailing Address 26	1			4. FEI Number Applied 59-0995378 Not App				
Suite Apt. #, etc. 12 City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Search Sequired \$8.75 Additional Fee Required					
		City & State		6. Election Campaign Financing \$5.00 May Be						
3 Country 4 25		28		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No						
24	9. Name and Address of Currer		[30]	Ι		10. Name and Address of New F				
				81	Name					
	GOOD, FRED O JR				Street Add	dress (P.O. Box Number is Not Acceptable)				
	South Monroe Street Hassee FL 32301									
				84	City		FL 85	Zip Code		
or registere familiar with SIGNATURE	othe provisions of Sections 607.0502 off agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authori: iion 607.0505, Florida Statute	zed by the o s.	corp	oration's boa	ration submits this statement for the purid of directors. I hereby accept the app	rpose of changing i ointment as registe	ts registered office red agent. I am		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12		
TIFLE	PST	DELETE	1. 1 TITLE				☐ Chan	ge 🔲 Addition		
NAME	GOOD,FRED D		1.2 N/	AME						
STREET ADDRESS	710 CONCORD ROAD		1 3 S	FREEF	ADDRESS					
CHY-S1-ZIP	TALLAHASSEE FL		1.4 CI	TY-S	ST - ZIP	☐ Change ☐ Ad				
T:ILF	D	DELETE	2 1 1	ITLE						
NAME	GOOD, ELOISE		2 2 N	AME						
STREET ADDRESS	710 CONCORD ROAD				ADDRESS					
ONY ST ZIP THE	TALLAHASSEE,F L			ITY-S	ST-ZIP		Chan	ge 🔲 Addition		
NAME		[] טננונ	3 2 N				Clian	de 🗍 Yaqıtını		
STHELL ADDRESS					T ADDRESS					
City-St ZIP					ST-ZIP					
TILE		DELETE 4.1					☐ Chan	ge 🔲 Addition		
NAME			4 2 N	AME						
STREET ADDRESS			438	TREET	ADDRESS					
CHY ST-ZIP			4.4 C	17Y - S	ST - 21P		<u></u>			
11*16		DELETE	5 1 1				Chan	ge 🔲 Addition		
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CHY-\$1-7IP		DELETE			ST-ZIP		F1 Chan	oo ["] Addition		
HILE NAME			6 1 T		Ì		Chan	ge [] Addition		
NAME STEEL LADORESS			62 N		ADDRESS					
City - St - 7iP					SI-7IP					

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)(6), 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 certify that I am an officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if eteroged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-18.96 904.877-3113