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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:33

DOCUMENT # **404200** (8)

1. Corporation Name
MISS SALLY C., INC.

Principal Place of Business	Mailing Address
12670 NEW BRITTANY BLVD 101 PO BOX DRAWER 06205 FT MYERS FL 33906	12670 NEW BRITTANY BLVD 101 PO BOX DRAWER 06205 FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/30/1972	3a. Date of Last Report: 03/18/1994
21	26	4. FEI Number: 59-1401065	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COSTELLO, TRUMAN J. 1221 SHADOW LANE FORT MYERS FL 33901	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: M.J. Costello, Jr. Pres. 1/23/95
Signature, Title or Capacity of Registered Agent and Title, if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	COSTELLO JR,MURRAY JOHN	12 NAME	
STREET ADDRESS	12670 NEW BRITTANY BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	COSTELLO, TRUMAN J	22 NAME	
STREET ADDRESS	1221 SHADOW LN	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COSTELLO, CHARLES M	32 NAME	
STREET ADDRESS	2627 MCGREGOR BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	DA	41 TITLE	☐ Change ☐ Addition
NAME	COSTELLO, TRUMAN J.	42 NAME	
STREET ADDRESS	1221 SHADOW LANE	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: M.J. Costello Jr. Pres 1/23/95 813-433-1748
Name and Title of Officer or Director
M.J. COSTELLO, JR.
Daytime Phone #

0333408 CP