

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **522723** (6)

RAY-MAR BEAUTY COLLEGE, INCORPORATED

1. Name of Corporation
**3550 S. UNIVERSITY DRIVE
DAVID FL 33328**

2a. Mailing Address
**3550 S. UNIVERSITY DRIVE
DAVID FL 33328**

2. Name of Principal Officer
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2a. Mailing Address
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9. Name and Address of Current Registered Agent

**JOHNSON, MARILYN E.
3550 S. UNIVERSITY DRIVE
DAVID FL 33328**

3. Date of Incorporation or Qualification
12/29/1976

3a. Date of Last Report
05/01/1994

4. FE Number
59-1710037

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 delinquency under S. 199.032, Florida Statutes.
☐ Yes ☒ No

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. The agent, in the presence of Secretary of State, 607.040 and 607.1509, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office to the above named office or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am aware of the obligations of Section 607.0409, Florida Statutes.

12. OFFICERS AND DIRECTORS

**VSD
JOHNSON, MARILYN E
3550 S. UNIVERSITY DRIVE
DAVID FL 33328-2003
PD
JOHNSON, RAYMER, JR
3550 S. UNIVERSITY DRIVE
DAVID FL 33328-2003**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
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1b. STREET ADDRESS
1c. CITY, STATE, ZIP
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2 or Block 13 if changed, or on an attached sheet with that address.

SIGNATURE: *Marilyn E. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marilyn E. Johnson

4/29/85 (301) 474-5692