

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

PROFIT
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 JUN 12 AM 8:58

DOCUMENT # 587751

(9)

1. Corporation Name

PIERRE HAIR AND NAIL SUPPLY, INC.

Principal Place of Business

5858 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

Mailing Address

5858 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified

09/20/1978

3a. Date of Last Report

02/01/1994

4. FEI Number

59-1850294

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N., ESQ.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TALPALAR, BEN
STREET ADDRESS 5858 ST. AUGUSTINE ROAD
CITY - ST - ZIP JACKSONVILLE FL

TITLE VD
NAME TALPALAR, MARK
STREET ADDRESS 5858 ST. AUGUSTINE ROAD
CITY - ST - ZIP JACKSONVILLE FL

TITLE TD
NAME TALPALAR, ELYSE
STREET ADDRESS 5858 ST. AUGUSTINE ROAD
CITY - ST - ZIP JACKSONVILLE FL

TITLE SD
NAME TALPALAR, SHARON
STREET ADDRESS 5858 ST. AUGUSTINE ROAD
CITY - ST - ZIP JACKSONVILLE FL

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK TALPALAR

6/5/95

Date

904-731-4177

Daytime Phone

CR2E034 (3/95)