

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

**APPROVED  
AND  
FILED**

**95 APR 18 PM 7:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|                                               |                                                                                   |                                                                                                              |
|-----------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|-----------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 591887 (5)**

1. Corporation Name

**ROFFLER BARBER AND HAIR DESIGNER COLLEGE, INC.**

Principal Place of Business

**220 MAIN STREET  
P O BOX 1367  
MCCOMB MS 39648**

Mailing Address

**220 MAIN STREET  
P O BOX 1367  
MCCOMB MS 39648**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/01/1978**

3a. Date of Last Report

**05/17/1994**

4. FEI Number

**59-1884535**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SMITH, STEWART A., JR.  
5110 UNIVERSITY BLVD WEST  
JACKSONVILLE FL 32218**

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

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                               |
|-----------------|-------------------------------|
| TITLE           | <b>P</b>                      |
| NAME            | <b>SMITH, STEWART A.</b>      |
| STREET ADDRESS  | <b>220 MAIN STREET</b>        |
| CITY - ST - ZIP | <b>MCCOMB MS</b>              |
| TITLE           | <b>ST</b>                     |
| NAME            | <b>SMITH, AILEEN B.</b>       |
| STREET ADDRESS  | <b>220 MAIN STREET</b>        |
| CITY - ST - ZIP | <b>MCCOMB MS</b>              |
| TITLE           | <b>V</b>                      |
| NAME            | <b>SMITH, STEWART A. JR</b>   |
| STREET ADDRESS  | <b>5110 W UNIVERSITY BLVD</b> |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>        |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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** *Stewart A. Smith Aileen B. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-95**

Date

**601-684-5345**

Signature Number