

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 APR -6 PM 4:12

DOCUMENT # 635494

(8)

1. Corporation Name

HIGH POINT BEAUTY SALON, INC.

Principal Place of Business

7040 GATES CIR
SPRING HILL FL 34606-4351

Mailing Address

1397 KASS CIR
#107
SPRING HILL FL 34606
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1979

3a. Date of Last Report

04/14/1994

4. FEI Number

59-1930569

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

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\$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 1397 KASS CIRCLE

Suite, Apt. #, etc.

22 SUITE 107

City & State

23 SPRING HILL FL

Zip

Country

24 34606-4351

2a. Mailing Address

26 1397 KASS CIRCLE

Suite, Apt. #, etc.

27 SUITE 107

City & State

28 SPRING HILL FL

Zip

Country

29 34606-4351

9. Name and Address of Current Registered Agent

ADJAN, LOUIS
7040 GATES CIRCLE
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name

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

1397 KASS CIRCLE

83

SUITE 107

84 City

SPRING HILL

FL

85 Zip Code

34606-4351

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1 ADJAN, IRENE E

7040 GATES CIRCLE

SPRING HILL FL

2 ADJAN, LOUIS

7040 GATES CIRCLE

SPRING HILL FL

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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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)(b), 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

✓ 4/3/95

✓

904-683-0820

Title

Telephone Number