FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 27 PM 4:07

DOCUMENT # 701874 (0)

1. Corporation Name
FLORIDA COSMETOLOGY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1311 N. WESTSHORE BLVD. SUITE 114 TAMPA FL 33607	1311 N. WESTSHORE BLVD. SUITE 114 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1969
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1003667 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 (24) Country (25)

2a. Mailing Address (20): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MCDONALD, EDWARD
7755 NEW TAMPA HWY
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: McDonald, Edward
82 Street Address (P.O. Box Number is Not Acceptable): 7755 New Tampa Highway
83
84 City: Lakeland FL 85 Zip Code: 33801

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: Edward McDonald, Edward McDonald 1-20-95
Signature, typed or printed name 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	S	1.1 TITLE	President ☒ Change ☐ Addition
NAME	STEELE, JEANNE	1.2 NAME	Anzalone, Charles T.
STREET ADDRESS	20997 ALPINE AVE	1.3 STREET ADDRESS	597 Queens Avenue
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP	Pt. Charlotte, FL 33952
TITLE	P	2.1 TITLE	Vice president ☒ Change ☐ Addition
NAME	ANZALONE, CHARLES	2.2 NAME	Moon, Jacque
STREET ADDRESS	597 QUEENS AVENUE	2.3 STREET ADDRESS	5433 Reef Drive
CITY-ST-ZIP	PT. CHARLOTTE FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	T	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	MCDONALD, EDWARD	3.2 NAME	Steele, Jeanne
STREET ADDRESS	7755 NEW TAMPA HWY	3.3 STREET ADDRESS	20997 Alpine Avenue
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Pt. Charlotte, FL 33952
TITLE	V	4.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	MILLER, STEPHEN	4.2 NAME	McDonald, Edward
STREET ADDRESS	9028 BRYAN DAIRY ROAD	4.3 STREET ADDRESS	7755 New Tampa Highway
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D	5.1 TITLE	Director ☐ Change ☐ Addition
NAME	ARCH, JUDITH	5.2 NAME	Arch, Judith
STREET ADDRESS	700 FAITH STREET	5.3 STREET ADDRESS	760 Faith Street
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	D	6.1 TITLE	Director ☒ Change ☐ Addition
NAME	STEELE, JEANNE	6.2 NAME	Hammer, Jeannie
STREET ADDRESS	20997 ALPINE AVENUE	6.3 STREET ADDRESS	1215 Samar Road
CITY-ST-ZIP	PT. CHARLOTTE FL	6.4 CITY-ST-ZIP	Cocoa Beach, FL 32931

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward McDonald, Edward McDonald, Treasurer 1-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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