

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

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|---|---|---|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F93000002047 (9)
 1. Corporation Name:
FLAIR ~~INC~~ CORP. FLAIR CORPORATION

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 4647 SW 40TH AVENUE SUITE-600 OCALA FL 34474 US | 4647 SW 40TH AVENUE SUITE-600 OCALA FL 34474 US |

| | |
|--------------------------------|--------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 4647 S.W. 40th Avenue | 26 4647 S.W. 40th Avenue |
| 22 Suite, Apt #, etc | 27 Suite, Apt #, etc |
| 23 Ocala, Florida | 28 Ocala, Florida |
| 24 ZIP 34474 | 29 ZIP 34474 |
| 25 Country USA | 30 Country USA |

**APPROVED
 AND
 FILED**
 1995 MAY -1 PM 3:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/30/1993 | 3a. Date of Last Report 06/30/1994 |
| 4. FEI Number 59-3145708 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

FL

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (Typed, Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D | 11 TITLE | P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANNING, JAMES C | 12 NAME | Richard A. Bearse |
| STREET ADDRESS | 7701 FORSYTH BLVD., STE. 600 | 13 STREET ADDRESS | 4647 S.W. 40th Avenue |
| CITY, ST, ZIP | CLAYTON MO | 14 CITY, ST, ZIP | Ocala, Florida 34474 |
| TITLE | D | 21 TITLE | V/S <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMACHER, SAMUEL A | 22 NAME | W. Forrest Bell |
| STREET ADDRESS | 7701 FORSYTH BLVD., STE. 600 | 23 STREET ADDRESS | 4647 S.W. 40th Avenue |
| CITY, ST, ZIP | CLAYTON MO | 24 CITY, ST, ZIP | Ocala, Florida 34474 |
| TITLE | DC | 31 TITLE | V <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICKELSON, DONALD E. | 32 NAME | Michael E. Gelinas |
| STREET ADDRESS | 7701 FORSYTH BLVD., STE. 600 | 33 STREET ADDRESS | 4647 S.W. 40th Avenue |
| CITY, ST, ZIP | CLAYTON MO | 34 CITY, ST, ZIP | Ocala, Florida 34474 |
| TITLE | D | 41 TITLE | V <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLLNOW, CHARLES | 42 NAME | Lacy L. Hayes, III |
| STREET ADDRESS | 7701 FORSYTH BLVD., STE. 600 | 43 STREET ADDRESS | 4647 S.W. 40th Avenue |
| CITY, ST, ZIP | CLAYTON MO | 44 CITY, ST, ZIP | Ocala, Florida 34474 |
| TITLE | D | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHEEHAN, DENNIS | 52 NAME | 100001474131 |
| STREET ADDRESS | 7701 FORSYTH BLVD., STE. 600 | 53 STREET ADDRESS | -05/03/95--01155--002 |
| CITY, ST, ZIP | CLAYTON MO | 54 CITY, ST, ZIP | ***200.00 ***200.00 |
| TITLE | D | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSH, WILLIAM H. T. | 62 NAME | <i>DeB</i> |
| STREET ADDRESS | 7701 FORSYTH BOULEVARD, SUITE 600 | 63 STREET ADDRESS | 51 |
| CITY, ST, ZIP | CLAYTON MO | 64 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)(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: _____ DATE: **4/11/95 (904) 237-1220**
(Signature, typed or printed name of signing officer or director)

Michael E. Gelinas, Vice President-Finance