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

DOCUMENT # **G41422** **(8)**

1. Corporation Name
INDEPENDENT FLORIDA NAIL CORPORATION

Principal Place of Business	Mailing Address
~~8410 MEADOWBROOK DR.~~ ~~LARGO FL 34647~~	~~8410 MEADOWBROOK DR.~~ ~~LARGO FL 34647~~
6340-90th Avenue N. Pinellas Park, FL 34666	6340-90th Avenue N. Pinellas Park, FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1983
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21: 6340-90th Avenue N.
22: Suite, Apt. #, etc.
23: City & State: Pinellas Park, FL
24: Zip: 34666
25: County:

2a. Mailing Address
26: 6340-90th Avenue N.
27: Suite, Apt. #, etc.
28: City & State: Pinellas Park, FL
29: Zip: 34666
30: County:

4. FEI Number: 59-0862780 ☐ 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

9. Name and Address of Current Registered Agent

~~PIPER, JAN J.~~
~~501 FIRST AVENUE NORTH~~
~~SUITE 900~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name: Piper, Jan J.
82 Street Address (P.O. Box Number is Not Acceptable): 669 First Avenue North
83:
84 City: St. Petersburg FL 85 Zip Code: 33701

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 date if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	LEWIS, TERRENCE E	12 NAME		
STREET ADDRESS	~~8410 MEADOWBROOK DR.~~	13 STREET ADDRESS	6340-90th Avenue N.	
CITY ST ZIP	~~LARGO FL~~	14 CITY ST ZIP	Pinellas Park, FL 34666	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	LEWIS, BONNIE S.	22 NAME		
STREET ADDRESS	~~8410 MEADOWBROOK DR.~~	23 STREET ADDRESS	6340-90th Avenue N.	
CITY ST ZIP	~~LARGO FL~~	24 CITY ST ZIP	Pinellas Park, FL 34666	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie S. Lewis, Pres. 7/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bonnie S. Lewis, President

03033330 CP