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 MAR -8 PM 2:18

DOCUMENT # **G72410** **(5)**

1. Corporation Name
LE SALON OF LAKELAND, INC.

Principal Place of Business	Mailing Address
4784 SOUTH FLORIDA AVE LAKELAND FL 33813	4784 SOUTH FLORIDA AVE LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1983**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) / Country (25):
Zip (29) / Country (30):

4. FEI Number: **59-2346167** ☐ 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

GRUPINSKI, RAYMOND S.
4611 KINGS POINT COURT
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: HAND, PEGGY R.
82 Street Address (P.O. Box Number is Not Acceptable): 4530 OLD COLONY
83:
84 City: MULBERRY **FL** 85 Zip Code: 33860

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: Hand, Peggy R. Peggy R. Hand (NOTE: Each new agent signature required when reinstating) DATE: 2-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	1.1 TITLE	P	☐ Change ☐ Addition
NAME	HAND, PEGGY R.	1.2 NAME	HAND, PEGGY	
STREET ADDRESS	4530 OLD COLONY	1.3 STREET ADDRESS	4530 OLD COLONY	
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HAND, EVERETT P.	2.2 NAME	RICK COLEN	
STREET ADDRESS	4530 OLD COLONY	2.3 STREET ADDRESS	1663 MAHAFFEY CIR	
CITY-ST-ZIP	MULBERRY, FL 0	2.4 CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	PD	3.1 TITLE	S/T	☒ Change ☐ Addition
NAME	GRUPINSKI, VIOLETA	3.2 NAME	HAND, EVERETT P.	
STREET ADDRESS	4611 KINGS POINT CT	3.3 STREET ADDRESS	4530 OLD COLONY	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GRUPINSKI, RAYMOND S.	4.2 NAME		
STREET ADDRESS	4611 KINGS PT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Peggy R. Hand 2-5-95
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0313660 CP