

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

95 FEB 17 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H17356 (7)

1. Corporation Name

SALON NICHOLAS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/20/1984

3a. Date of Last Report

03/25/1994

4. FEI Number

59-2440531

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

ORTINO, NICHOLAS
2229 FIRST ST
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPT	ORTINO, NICHOLAS	2229 FIRST ST	FT MYERS FL
VPS	ORTINO, GLORIA	2229 FIRST ST.	FT. MYERS FL

1.1 TITLE	Change	Addition
1.2 NAME	☐	☐
1.3 STREET ADDRESS	☐	☐
1.4 CITY - ST - ZIP	☐	☐
2.1 TITLE	☐	☐
2.2 NAME	☐	☐
2.3 STREET ADDRESS	☐	☐
2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	☐	☐
3.2 NAME	☐	☐
3.3 STREET ADDRESS	☐	☐
3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	☐	☐
4.2 NAME	☐	☐
4.3 STREET ADDRESS	☐	☐
4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	☐	☐
5.2 NAME	☐	☐
5.3 STREET ADDRESS	☐	☐
5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	☐	☐
6.2 NAME	☐	☐
6.3 STREET ADDRESS	☐	☐
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 110.07(3)(k), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/13/95

813-334-1300