# 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

APPROVED AND FILED

95 MAY -1 AM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H61679 (3)

1. Corporate Name

RENEE'S TOWN & COUNTRY HAIRSTYLES, INC.

Principal Place of Business

C/O RENEE TRUPP
800 VIRGINIA AVE. STE 58
FORT PIERCE FL 34982

Mailing Address

C/O RENEE TRUPP
800 VIRGINIA AVE. STE 58
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
|---|---|---|---|
| 22 | Suite, Apt. # or P.O. Box | 27 | Suite, Apt. # or P.O. Box |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 25 | County |
| 29 | Zip | 30 | County |

3. Date Incorporated or Qualified: 06/13/1985

3a. Date of Last Report: 04/18/1994

4. FEI Number: 59-2539089

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

TRUPP, RENEE G.
800 VIRGINIA AVE. #58
FORT PIERCE FL 34982

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 Section 607.1005, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER/DIRECTOR

| | |
|---|---|
| Title | PTD |
| Name | TRUPP, RENEE G. |
| Street Address | 1518 LAWNWOOD CIR., N. |
| City-State-Zip | FT. PIERCE FL |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |

13. ADDITIONAL CHANGES TO CURRENT AND PRIOR OFFICERS

| | |
|---|---|
| Title | ☐ Change ☐ Addition |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Addition |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Addition |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Addition |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Addition |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Addition |
| Name | |
| Street Address | |
| City-State-Zip | |

14. I/We hereby certify that the information supplied with this 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 with an address.

SIGNATURE: Renee G Trupp Pres. 4/07-461-2364 Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR — Title — Telephone Number

0379473 CP