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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H86017** **(1)**

1. Corporation Name
RICKEY'S BEAUTY CAREERS IN COSMETOLOGY, INC.

Principal Place of Business
% E. CHARLES OBERDORFER, ESQ.
1719 BLANDING BOULEVARD
JACKSONVILLE FL 32210

Mailing Address
% E. CHARLES OBERDORFER, ESQ.
1719 BLANDING BOULEVARD
JACKSONVILLE FL 32210-1901

3. Date Incorporated or Qualified: **11/19/1985**
3a. Date of Last Report: **07/11/1996**

2. Principal Place of Business
21 2141-125 Loch Rane Blvd
Suite, Apt. #, etc.
22
City & State
23 Orange Park Fl
Zip 24 32073
Country 25 Clay

2a. Mailing Address
26 2141-125 Loch Rane Blvd
Suite, Apt. #, etc.
27
City & State
28 Orange Park, Fl.
Zip 29 32073
Country 30 Clay

4. FEI Number: **59-2611352** 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
OBERDORFER, E. CHARLES
1719 BLANDING BOULEVARD
JACKSONVILLE FL 32210

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HOOVER, W.T., JR.	
STREET ADDRESS	2141-125 LOCHE RANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	ST	☐ DELETE
NAME	HOOVER, RICKEY	
STREET ADDRESS	2141-125 LOCHE RANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	☐ DELETE
NAME	GREEN, TONYA H	
STREET ADDRESS	2141-125 LOCH RANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: W. T. Hoover Jr. 4-11-97 904-272-7275