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

2. Principal Place of Business	2a. Mailing Address
21 2141-125 Loch Rane Blvd	26 2141-125 Loch Rane Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orange Park FL	28 City & State: Orange Park, FL.
24 Zip: 32073 25 Country: Clay	29 Zip: 32073 30 Country: Clay

3. Date Incorporated or Qualified: 11/19/1985
3a. Date of Last Report: 07/11/1996
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOOVER, W.T., JR.		1.2 NAME	
STREET ADDRESS	2141-125 LOCHE RANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOVER, RICKEY		2.2 NAME	
STREET ADDRESS	2141-125 LOCHE RANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, TONYA H		3.2 NAME	
STREET ADDRESS	2141-125 LOCH RANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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