

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H88457

(7)

1. Corporation Name

ALAN G. LEDO SALON, INC.

Principal Place of Business

730 SOUTH VILLAGE CIRCLE
TAMPA FL 33606

Mailing Address

730 SOUTH VILLAGE CIRCLE
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/04/1985

3a. Date of Last Report
03/16/1994

4. FEI Number
59-2733233

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

2. Principal Place of Business

21 1517 W. Swann Avenue

2a. Mailing Address

26 1517 W. Swann Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

24 33606

Country

25 Hillsborough

Zip

29 33606

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

LEDO, ALAN G.
730 SOUTH VILLAGE CIRCLE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1517 W. Swann Avenue

83

84 City
Tampa,

FL

85 Zip Code
33606

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 of Registered Agent required when filing report)

(NOTE: Registered Agent signature required when filing report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DP
NAME	LEDO, ALAN G.
STREET ADDRESS	730 SOUTH VILLAGE CIR.
CITY - ST - ZIP	TAMPA FL
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1517 W. Swann Avenue
14 CITY - ST - ZIP	Tampa, Florida 33606
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information filed 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 or Block 14, or on an attachment, with an address.

SIGNATURE:

Alan G. Ledo (Alan G. Ledo)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95
DATE

(813) 254-5700
TELEPHONE NUMBER