

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
UNIVERSITY OF CENTRAL FLORIDA

DOCUMENT # J61307

(1)

TANNING CENTERS OF FLORIDA, INC.

Principal Place of Business
**6775 NEWBERRY ROAD, SUITE #5-C
GAINESVILLE FL 32605**

Mailing Address
**6775 NEWBERRY ROAD, SUITE #5-C
GAINESVILLE FL 32605**

**APPROVED
AND
FILED**

95 MAY -1 PM 2:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1987** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2792024** 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 authority for independent tax under S. 100.002, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. # etc. 26. State, Apt. # etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARLOW, ELIZABETH
6775 NEWBERRY RD
GAINESVILLE FL 32605**

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 607.05(3) and 607.15(5), 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 607.05(3), Florida Statutes.

SIGNATURE

(Signature of Corporation or Registered Agent or Director)

(Signature of Registered Agent or Director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MARLOW, ELIZABETH
STREET ADDRESS	6775 NEWBERRY ROAD #5-C
CITY, ST, ZIP	GAINESVILLE FL
TITLE	V
NAME	MARLOW, GREGORY L.
STREET ADDRESS	6775 NEWBERRY ROAD #5-C
CITY, ST, ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.01(1) and 191.01(2), Florida Statutes. I further certify that the information included 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 191, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: *Elizabeth H. Marlow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. ELIZABETH MARLOW

4-30-95

904-331-8366