

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

**APPROVED AND FILED**

MAY - 1 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **K43168** (9)  
 1. Corporation Name  
**DENNIS BIRT SALON, INC.**

Principal Place of Business: **C/O DENNIS BIRT, 351 MAIN STREET, DUNEDIN FL 34698**  
 Mailing Address: **C/O DENNIS BIRT, 351 MAIN STREET, DUNEDIN FL 34698**

2. Date of Incorporation: **10/31/1988**  
 3a. Date of Last Report: **06/28/1994**  
 4. FEI Number: **59-2914468**  
 5. Certificate of Status (Required)  \$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. 198.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BIRT, DENNIS  
 351 MAIN STREET  
 DUNEDIN FL 34698**

10. Name and Address of New Registered Agent  
 B1 Name: \_\_\_\_\_  
 B2 Street Address if O. Box Number is Not Applicable: **1811 15th St. N.**  
 B3 **SUITE B**  
 B4 City: **TAMPA** FL B5 Zip Code: **33605**

11. I, undersigned, the president of the above corporation, and each officer and director of the corporation submit this statement for the purpose of changing its registered office or registered agent or both in the State of Florida, but to change and authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware and will accept the obligations of Section 69.024, Florida Statutes.

FOR FILING: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS       |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------------|---|---|--|
| 12.1 NAME: <b>D BIRT, DENNIS</b> | 12.2 STREET ADDRESS: <b>351 MAIN ST. DUNEDIN FL</b> | 13.1 NAME: <b>D PRESIDENT</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3 NAME: _____                 | 12.4 STREET ADDRESS: _____                          | 13.2 NAME: <b>VICE PRES, TREASURER</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.5 NAME: _____                 | 12.6 STREET ADDRESS: _____                          | 13.3 NAME: <b>ANTHONY VAN NUSGLEN</b>                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.7 NAME: _____                 | 12.8 STREET ADDRESS: _____                          | 13.4 NAME: <b>310 EAST LAMBRIGHT A E</b>              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.9 NAME: _____                 | 12.10 STREET ADDRESS: _____                         | 13.5 NAME: <b>TAMPA, FL. 33601</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.11 NAME: _____                | 12.12 STREET ADDRESS: _____                         | 13.6 NAME: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.13 NAME: _____                | 12.14 STREET ADDRESS: _____                         | 13.7 NAME: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.15 NAME: _____                | 12.16 STREET ADDRESS: _____                         | 13.8 NAME: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.17 NAME: _____                | 12.18 STREET ADDRESS: _____                         | 13.9 NAME: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.19 NAME: _____                | 12.20 STREET ADDRESS: _____                         | 13.10 NAME: _____                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I, undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the exemption stated in Sections 198.032 and Florida Statutes. I further certify that the information is accurate and that the above report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am eligible to be listed as the registered agent of the corporation for the purpose of this report as required by Florida Statutes and that my name appears in 198.032, Florida Statutes. I am attached with an affidavit.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-288-813-726