

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L15484** (3)

1. Corporation Name

**TOTAL GROOMING CONCEPTS, INC.**



Principal Place of Business

Mailing Address

% ALAN ESPINOSA  
2441 NW 43RD ST SUITE 24-B-2  
GAINESVILLE FL 32606

% ALAN ESPINOSA  
2441 NW 43RD ST SUITE 24-B-2  
GAINESVILLE FL 32606

3. Date Incorporated or Qualified  
**09/11/1989**

3a. Date of Last Report  
**07/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2991490**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

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

10. Name and Address of New Registered Agent

ESPINOSA, ALAN  
2441 NW 43RD ST  
SUITE 24-B-2  
GAINESVILLE FL 32606

81 Name

**ESPINOSA, NANCY**

82 Street Address (P.O. Box Number is Not Acceptable)

**2441 N.W. 43 ST**

83

**SUITE 24 B-2**

84 City

**GAINESVILLE**

FL

85

Zip Code

**32606**

11. Pursuant to the provisions of Sections 607.0532 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]*

**NANCY ESPINOSA**

**OWNER, PRESIDENT**

**4/29/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
**ESPINOSA, NANCY**  
STREET ADDRESS **4408 NW 70 TERR**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **DS**  
**ESPINOSA, NANCY**  
STREET ADDRESS **4408 NW 70 TERRACE**  
CITY-ST-ZIP **GAINESVILLE 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
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

14. I do 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)(k), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

DATE

**3757833**

Daytime Phone #

CR2E034 (12/95)