

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

PROFESSIONAL
CORPORATION
ANNUAL REPORT



200-C
FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida 32399
Telephone (904) 498-2000

1996 1-24-96 B-

0169 C
(6)

DOCUMENT # L33453

CLIPPERS AND CURLS, INC.



% BARBARA RIZZIO
4000 S BABCOCK ST
MELBOURNE FL 32901

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4000 S BABCOCK ST
MELBOURNE FL 32901

2. Name of Corporation
21. Date of Incorporation
22. State of Incorporation
23. Date of Last Annual Report
24. Name and Address of Current Registered Agent
25. Name and Address of Current Registered Agent
26. Name of Agent
27. State of Agent
28. Date of Agent's Appointment
29. Name and Address of Current Registered Agent
30. Name and Address of Current Registered Agent

RIZZIO, BARBARA
4000 S BABCOCK ST
MELBOURNE FL 32901

3. Date of Incorporation or Qualification 11/30/1989
3a. Date of Last Report 02/28/1995
4. FID Number 59-2980476
5. Certificate of Status Desired ☐ ☒ \$8.75 Additional Fee Required
6. Has been Campaign Financing ☐ ☒ \$5.00 May Be Added to Fees
7. Has been Campaign Financing ☐ ☒ \$5.00 May Be Added to Fees
8. Has been Campaign Financing ☐ ☒ \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
FL 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear to me, and I am not aware of any facts which would render the foregoing statement untrue or misleading.

Barbara Rizzio

1-16-96

12. D LIMPUS, LINDA
3267 FAIRFAX AVE, NE
PALM BAY
D RIZZIO, BARBARA
1486 AMADOR AVE, NW
PALM BAY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. Name ☐ Change ☐ Addition
2. Name ☐ Change ☐ Addition
3. Name ☐ Change ☐ Addition
4. Name ☐ Change ☐ Addition
5. Name ☐ Change ☐ Addition
6. Name ☐ Change ☐ Addition
7. Name ☐ Change ☐ Addition
8. Name ☐ Change ☐ Addition
9. Name ☐ Change ☐ Addition
10. Name ☐ Change ☐ Addition
11. Name ☐ Change ☐ Addition
12. Name ☐ Change ☐ Addition
13. Name ☐ Change ☐ Addition
14. Name ☐ Change ☐ Addition
15. Name ☐ Change ☐ Addition
16. Name ☐ Change ☐ Addition
17. Name ☐ Change ☐ Addition
18. Name ☐ Change ☐ Addition
19. Name ☐ Change ☐ Addition
20. Name ☐ Change ☐ Addition

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear to me, and I am not aware of any facts which would render the foregoing statement untrue or misleading.

SIGNATURE: Barbara Rizzio BARBARA Rizzio 1-16-96 (407) 727-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)