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REC'D
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M41889	(0)
1. Corporation Name TOTAL BATH SUPPLY, INC.	

Principal Place of Business C/O SALVATORE RIGGI 5036 N FEDERAL HWY LIGHTHOUSE POINT FL 33064	Mailing Address C/O SALVATORE RIGGI 5036 N FEDERAL HWY LIGHTHOUSE POINT FL 33064
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2. Principal Place of Business 21	2a. Mailing Address 26
3. State Apt. #, etc. 22	3a. State Apt. #, etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29
6. Country 25	6a. Country 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 11/19/1986	3a. Date of Last Report 08/15/1994
4. FEI Number 59-2742900	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. The corporation has forfeited its authority to conduct business under the Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent RIGGI, SALVATORE 5036 N FEDERAL HWY LIGHTHOUSE POINT FL 33064	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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(5), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

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1. NAME DP RIGGI, SALVATORE 5036 N FEDERAL HWY LIGHTHOUSE POINT FL	1. NAME ☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied was the best information furnished and known and qualify for the exemption stated in Section 334.05(6)(b), Florida Statutes. I further certify that the information included on the annual report or corporation's annual report is true and accurate and that my signature that enters this same legal effect as if made under oath. That I am an officer or director of the corporation or an officer or director of the corporation. I do not file this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 1, 2 or Block 3 of the report or on the corporation's annual report.

SIGNATURE: _____ 4-19-95 305 427 0242

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR