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95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P92000006281 (9)**

1. Corporation Name
TOUCH OF CLASS SALON, INC.

Principal Place of Business	Mailing Address
2057 S. BYRON PKWY. #7 PERRY FL 32347	2057 S. BYRON PKWY. #7 PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address
21 Highway 51 2nd Ave	26 P.O. Box 597
Suite, Apt. #, etc. 22 P.O. Box 597	Suite, Apt. #, etc. 27
City & State 23 Steinhatchee, Fl.	City & State 28 Steinhatchee, Fl.
Zip 24 32359 Country 25 USA	Zip 29 32359 Country 30 USA

4. FEI Number: 59-3157070 ☐ 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

0. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CARMICHAEL, JUDY M
RT 1 BOX 240
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name: Carmichael Judy M.
82 Street Address (P.O. Box Number is Not Acceptable): Highway 51 2nd ave West
83
84 City: Steinhatchee FL 85 Zip Code: 32359

11. Pursuant to the provisions of Sections 607.0502 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: Judy M. Carmichael 5-14-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☑ Change ☐ Addition
NAME	CARMICHAEL, JUDY M	12 NAME	Carmichael Judy M.	
STREET ADDRESS	RT 1 BOX 540	13 STREET ADDRESS	Highway 51 2nd ave West	
CITY-ST-ZIP	PERRY FL 32347	14 CITY-ST-ZIP	Steinhatchee, Fl 32359	
TITLE	VSD	21 TITLE	VSD	☑ Change ☐ Addition
NAME	CARMICHAEL, LARMAR E SR	22 NAME	Carmichael, lamar E. Sr.	
STREET ADDRESS	RT 1 BOX 540	23 STREET ADDRESS	Highway 51 2nd ave West	
CITY-ST-ZIP	PERRY FL 32347	24 CITY-ST-ZIP	Steinhatchee, Fl 32359	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Judy M. Carmichael Judy M. Carmichael 5-14-95 904 498-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408641 FP