

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

CLERK - 1 MAY 9 39

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020470 (9)

1. Corporation Name

SNOOTY HOOTY OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

%BERNICE AT BETTON
1950-D THOMASVILLE RD.
TALLAHASSEE FL 32303
US

%BERNICE AT BETTON
1950-D THOMASVILLE RD.
TALLAHASSEE FL 32303
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

%BERNICE AT BETTON
751 SHILOH WAY
TALLAHASSEE FL 32308

81 Name

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

751 Shiloh Way

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), Florida Statutes, the above named corporation submits the 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 responsibility, Section 607.01(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent (If not the same as the filer, attach a separate statement of acceptance of appointment.)

Signature of Registered Agent (If not the same as the filer, attach a separate statement of acceptance of appointment.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

12a. Title	12b. Name	12c. Street Address	12d. City & State	12e. Zip
P	FWLER, JERRY BERNICE	751 SHILOH WAY	TALLAHASSEE FL	

13a. Title	13b. Name	13c. Street Address	13d. City & State	13e. Zip	Change	Addition
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.01(1)(b), Florida Statutes. I further certify that the information is submitted on this annual 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 an officer or director of the corporation or the receiver or business manager and that I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

1-21/95

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