

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 AM 9:35

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033642 (8)**

1. Corporation Name

**SNIPS & TIPS BEAUTY SUPPLY, INC.**

Principal Place of Business

215 W SOUTH PARK  
OKEECHOBEE FL 34974  
US

Mailing Address

PO BOX 1667  
OKEECHOBEE FL 34974  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/06/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3179331** 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. This corporation has liability for intangible tax under S 199.032, Florida Statutes.  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

215 W South Park St

State, Apt #, etc

22

State, Apt #, etc

27

City & State

23

City & State

28

Okeechobee, Fl.

Zip

24

Country

25

Country

29

34974

Country

30

US

9. Name and Address of Current Registered Agent

LAPLANTE, LINDA D  
7601 SOUTHWEST STATE ROAD 70  
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P O Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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

(Signature of individual who is acting as agent or the registered agent)

(Signature of registered agent (signature required after recording))

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **LAPLANTE, LINDA D.**  
STREET ADDRESS **7601 SW SR 70**  
CITY, ST, ZIP **OKEECHOBEE FL**

1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP

TITLE **V**  
NAME **LAPLANTE, FRANCES**  
STREET ADDRESS **7601 SW SR 70**  
CITY, ST, ZIP **OKEECHOBEE FL**

5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(b)(4), 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: *Linda D. LaPlante* Linda D. LaPlante 4/29/95 813 467-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tara A. McMillan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **P93000034070 (1)**

FRANK R. KEASLER, JR., P.A.

05/11/1995 10:37

FLORIDA DEPARTMENT OF STATE  
TARA A. McMILLAN, SECRETARY

Principal Place of Business: 4655 SALISBURY ROAD  
STE. 390  
JACKSONVILLE FL 32256

Mailing Address: 4655 SALISBURY ROAD  
STE. 390  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Reconstituted or Qualified <b>05/11/1993</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>59-3190352</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for information under 5-120(1)(c), Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 7077 Bonneval Road State and # etc. 22. Suite 120 City and State 23. Jacksonville, Florida Zip 24. 32216	28. Mailing Address 26. 7077 Bonneval Road State and # etc. 27. Suite 120 City and State 28. Jacksonville, Florida Zip 29. 32216	25. Duval	30. Duval
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
KEASLER, FRANK R JR. 4655 SALISBURY ROAD STE. 390 JACKSONVILLE FL 32256		B1. Name		
		B2. Street Address (P.O. Box Numbers Not Acceptable)		
		B3.		
		B4. City	FL	B5. Zip Code

11. Pursuant to the provisions of Sections 860.001 and 860.002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as the State of Florida. Such change was authorized by the corporation's board of directors, thereby in full compliance with the provisions of Sections 860.001 and 860.002, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME D KEASLER, FRANK R JR. STREET ADDRESS 4655 SALISBURY RD STE 390 CITY AND STATE JACKSONVILLE FL		NAME D/P/S KEASLER, FRANK R. JR. STREET ADDRESS 7077 Bonneval Road, Suite 120 CITY AND STATE Jacksonville, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information appears with this filing, substantially true and correct and comply for the corporation stated in Section 11(1)(2), Florida Statutes, for this county that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in the county that I am an officer or director of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing, or on an other filing with an address.

SIGNATURE: *Frank R. Keasler, Jr.* President  
Frank R. Keasler, Jr., President

5/1/95 (904) 281-2255