

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058714 (5)

1. Corporation Name

JAY'S BEAUTY SUPPLIES AND ACCESSORIES, INC.



Principal Place of Business

3014 - 5TH AVE. S.
ST. PETERSBURG FL 33712
US

Mailing Address

2330 CALEXICO WAY SOUTH
ST. PETERSBURG FL 33712

3. Date Incorporated or Qualified
08/18/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 3014 - 54th Ave. S.

2a. Mailing Address

26 2330 Calerico Way S.

4. FEI Number
59-3200094

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

24 33712

Country

25 Pinellas

Zip

29 33712

Country

30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, LAURA L
2330 - CALEXICO WAY, S.
ST. PETERSBURG FL 33712

81 Name

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

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
HOWARD, LAURA L
2330 CALEXICO WAY S.
ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HOWARD, RAY E
2330 CALEXICO WAY S.
ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
OSBORNE, EDWIN
5725 17TH WAYS # E
ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
OSBORNE, JACQUELYN R
5725- 17TH WAY S # E
ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2. 1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3. 1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: Laura L. Howard Laura L. Howard 5/31/96 (813) 866-6107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)