

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 1995

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062799 (0)**

1. Corporation Name:

PROFESSIONAL GROOMER SUPPLY, INC.

Principal Place of Business:

1632 N. COUNTY RD 427
LONGWOOD FL 32750
US

Mailing Address:

1632 N. COUNTY RD 427
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1993

3a. Date of Last Report
04/29/1994

4. FBI Number
59-3199673

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**

7. The corporation has liability for ad valorem tax under S. 100.11(2)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

21. Suite, Apt. #, etc.

22. City & State:

23. Zip

2a. Mailing Address:

26. Suite, Apt. #, etc.

27. City & State:

28. Zip

30. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSLIN, H R
610 WITTINGHAM PLACE
LAKE MARY FL 32746

81. Name
RHODES, BELYNNDA L.

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

83.

84. City
ORLANDO

FL

85. Zip Code
32804

11. Pursuant to the provisions of Sections 607.06(2) 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 607.06(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required with Appointment)

Signature of Registered Agent (Required with Appointment)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	JOSLIN, H R
12.2	STREET ADDRESS	610 WITTINGHAM PLACE
12.3	CITY, ST, ZIP	LAKE MARY FL 32746
12.4	NAME	RHODES, BELYNNDA L
12.5	STREET ADDRESS	760 NAPLES DRIVE
12.6	CITY, ST, ZIP	ORLANDO FL 32804
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, ST, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, ST, ZIP	

13.1	NAME	☒ Change ☐ Addition
13.2	STREET ADDRESS	NO LONGER DIRECTOR
13.3	CITY, ST, ZIP	NO LONGER WITH COMPANY
13.4	NAME	☐ Change ☐ Addition
13.5	STREET ADDRESS	
13.6	CITY, ST, ZIP	
13.7	NAME	☐ Change ☐ Addition
13.8	STREET ADDRESS	
13.9	CITY, ST, ZIP	
13.10	NAME	☐ Change ☐ Addition
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	STREET ADDRESS	
13.15	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(1)(b), Florida Statutes. I further certify that the information contained in 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature appears in Block 17 of this form. I am changed, or my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Worsham
Sandra B. Worsham

3-15-95

407-834-4115