

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN -9 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043502 (1)

1. Corporation Name

BRIDAL & TUX GALLERY, INC.

Principal Place of Business

Mailing Address

9825 SAN JOSE BLVD.
JACKSONVILLE FL 32217

9825 SAN JOSE BLVD.
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1994

4. FEI Number

Applied For

59-3243303

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

2a. Mailing Address

21 1170 Executive Cove

26 1170 Executive Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Jacksonville FL

28 Jacksonville FL

Zip

Country

Zip

Country

24 32259

25 St. Johns

29 32259

30 St. Johns

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

PRATT, DENNIS L
10450 SAN JOSE BLVD.
SUITE 3
JACKSONVILLE FL 32257

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PIKE, SHERRI B
STREET ADDRESS 9825 SAN JOSE BLVD.
CITY - ST - ZIP JACKSONVILLE FL 32217

11 TITLE
12 NAME Pike, Sherri B.
13 STREET ADDRESS 65 Jackson Ave.
14 CITY - ST - ZIP Jacksonville FL.

☒ Change ☐ Addition

TITLE D
NAME BAROCH, DELORES
STREET ADDRESS 9825 SAN JOSE BLVD.
CITY - ST - ZIP JACKSONVILLE FL 32217

21 TITLE
22 NAME Baroch Dolores
23 STREET ADDRESS 1170 Executive Cove
24 CITY - ST - ZIP Jacksonville, FL 32259

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/95

904-287-4568