

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Markham
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # P94000046754 (5)

To: Corporation Name:

THE INDIVIDUAL HAIR STUDIO, INC.

**APPROVED
AND
FILED**

95 APR -7 AM 4:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business:

**1220 HWY. A1A # 9
INDIALANTIC FL 32937**

Mailing Address:

**1220 HWY. A1A # 9
INDIALANTIC FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date first incorporated in Florida: 3a. Date of Last Report
06/20/1994

2. Principal Place of Business:

21 State: Apt. #, etc.

22 City & State

24 Zip

2a. Mailing Address:

26 State: Apt. #, etc.

27 City & State

29 Zip

4. FEI Number:

59-3255357

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

9. Name and Address of Current Registered Agent

**AGRUSO, PATRICIA
1220 HWY. A1A # 9
INDIALANTIC FL 32937**

10. Name and Address of New Registered Agent

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 607.01(2) and 607.1508, Florida Statutes, the aforementioned corporation hereby files 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 understand the obligations of Sections 607.01(2) and 607.1508, Florida Statutes.

SIGNATURE

Signature of the Current Registered Agent and their successor

Signature of the New Registered Agent (if required after filing)

DATE

12. OFFICERS AND DIRECTORS

**D
NAME
AGRUSO, PATRICIA
205 HARBOUR DRIVE W.
INDIAN HARBOR BEACH FL 32937**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
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14. I hereby certify that this information supplied with this filing is voluntarily furnished and that it is true and correct, for the corporation stated in Section 1.001, Florida Statutes. I further certify that this information was filed on the annual report or supplemental annual report as required and is complete and correct, and that my name appears in Block 12 of Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as required by an address.

SIGNATURE: Patricia A. Agruso **PATRICIA A. AGRUSO** **2-27-95** **407-725-3641**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR