

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 # P94000048525 (7)

1. Corporation Name

THE GROOMING SHOP, INC.



Principal Place of Business

102 STATE ROAD 13
JACKSONVILLE FL 32259

Mailing Address

102 STATE ROAD 13
JACKSONVILLE FL 32259

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
04/24/1995

4. FET Number
59-3292037

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

MITCHELL, OSA
102 STATE ROAD 13
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name
JILL MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)
102 STATE ROAD 13

83

84 City
JACKSONVILLE

FL

85 Zip Code
32259

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

Jill Mitchell

Jill Mitchell, P/S/T/D

(Date) Registered Agent Signature Required (Date)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MITCHELL, OSA
102 STATE ROAD 13
JACKSONVILLE FL 32259

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MITCHELL, JILL
102 STATE ROAD 13
JACKSONVILLE FL 32259

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

D/P/S/T

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Jill Mitchell

Jill Mitchell P/S/T/D

(904) 287-3736

Duty

Daytime Phone

CR2E034 (12/95)