

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:02

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073450 (6)

1. Corporation Name

KEY WEST SALONS, INC.

Principal Place of Business

12777 INDIAN ROCKS RD.
LARGO FL 34644

Mailing Address

12777 INDIAN ROCKS RD.
LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

2. Principal Place of Business

21. Key West Salons Inc

2a. Mailing Address

26. 12777 Indian Rocks Rd

4. FEI Number

59-3271255

Applied For

Not Applicable

22. Suite, Apt., etc.

House

27. Suite, Apt., etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

Largo FL

28. City & State

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. City

34644

25. Locality

Pinellas

29. City

30. Locality

8. This corporation has liability for intangible tax under 1994 U.S.
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, PAMELA K
12777 INDIAN ROCKS RD.
LARGO FL 34644

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 of Agent is printed name of registered agent and must be legible)

(Signature of Agent is printed name of registered agent and must be legible)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: owner
NAME: Pamela Bell
STREET ADDRESS: 303 Freeway Ave NE
CITY, ST, ZIP: St Pete, FL 33702
TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.1 TITLE: Vice President
1.2 NAME: Craig Bell
1.3 STREET ADDRESS: 303 Freeway Ave NE
1.4 CITY, ST, ZIP: St Pete, FL 33702
2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:
3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:
4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:
6.1 TITLE:
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)(b), 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:

Pamela K Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95

813-593-9840
Telephone Number