FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087215 (7)**

1. Corporation Name
PAT'S BEAUTY SUPPLY & ACCESSORIES, INC.

Principal Place of Business	Mailing Address
~~1970 MICHIGAN AVE.~~ ~~BLDG. C~~ ~~COCOA FL 32922~~	~~1970 MICHIGAN AVE.~~ ~~BLDG. C~~ ~~COCOA FL 32922~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 929-B WALNUT ST.
Suite, Apt. #, etc. 22:
City & State 23: COCOA, FL
Zip 24: 32926 Country 25: USA

2a. Mailing Address
26: P.O. BOX 70
Suite, Apt. #, etc. 27:
City & State 28: SHARPES FL
Zip 29: 32959 Country 30: BREVARD

4. FEI Number: 59-3284210 ☐ 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

~~CORPORATION INFORMATION SERVICES INC.~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: JOHN L. SOILEAU
82 Street Address (P.O. Box Number is Not Acceptable): 1970 MICHIGAN AVE. BLDG C
83:
84 City: COCOA FL 85 Zip Code: 32922

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: JOHN L. SOILEAU (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D/P/V/S/T	☑ Change ☐ Addition
NAME	HICKS, PATRICIA A	1.2 NAME	HICKS, PATRICIA A.	
STREET ADDRESS	1970 MICHIGAN AVE., BLDG. C	1.3 STREET ADDRESS	929-B WALNUT ST	
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	COCOA, FL 32922	
TITLE	DVT	2.1 TITLE	D	☑ Change ☐ Addition
NAME	SPAKOWSKI, RICHARD J	2.2 NAME	SPAKOWSKI, RICHARD J.	
STREET ADDRESS	1970 MICHIGAN AVE., BLDG. C	2.3 STREET ADDRESS	929-B WALNUT ST	
CITY-ST-ZIP	COCOA FL 32922	2.4 CITY-ST-ZIP	COCOA, FL 32926	
TITLE	S	3.1 TITLE	S	☑ Change ☐ Addition
NAME	ROY, CHRISTINE M	3.2 NAME	HICKS, PATRICIA A	
STREET ADDRESS	1970 MICHIGAN AVE., BLDG. C	3.3 STREET ADDRESS	929-B WALNUT ST	
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP	COCOA FL 32922	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Patricia A. Hicks 4/12/95 407 383-9298
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0000043 CP