

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90056 049 ****35.00

03-02-1999 90056 050 ****115.00

DOCUMENT # P97000103327

1. Corporation Name

PRO NAILS -N- TANNING, INC.

Principal Place of Business

1096 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

1096 COMMERCIAL WAY
SPRING HILL FL 34606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

59-3477212

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ALLAN, KATHERINE M
1096 COMMERCIAL WAY
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name

PITARYS, JOANNE D.

82 Street Address (P.O. Box Number is Not Acceptable)

4611 LAKE IN THE WOODS DRIVE

83

BUS- 1096 COMMERCIAL WAY, SPRING HILL, FL. 34606

84 City

SPRING HILL

FL

85

Zip Code
34607

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

Joanne D. Pitarys Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME ALLAN, KATHRINE M

STREET ADDRESS 5787 CACTUS CIR

CITY-ST-ZIP SPRING HILL FL 34606

TITLE VPSD ☒ DELETE

NAME ALLAN, JOHN S

STREET ADDRESS 5787 CACTUS CIR

CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, TREASURER PTD ☒ Change ☐ Addition

1.2 NAME PITARYS, JOANNE D.

1.3 STREET ADDRESS 4611 LAKE IN THE WOODS DRIVE

1.4 CITY-ST-ZIP SPRING HILL, FLORIDA 34607

2.1 TITLE VICE-PRESIDENT, SECRETARY ☒ Change ☐ Addition

2.2 NAME PITARYS, CHRISTOS J. (VPSD)

2.3 STREET ADDRESS 4611 LAKE IN THE WOODS DRIVE

2.4 CITY-ST-ZIP SPRING HILL, FLORIDA 34607

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Joanne D. Pitarys Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

Date

Daytime Phone #

CR2E034 (11/98)