

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
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90028 046 ***158.75

DOCUMENT # P98000007580

1. Corporation Name
THOMAS & COMPANY SALON, INC.

Principal Place of Business
780 SAINT ALBANS DRIVE
BOCA RATON FL 33486

Mailing Address
780 SAINT ALBANS DRIVE
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

2. Principal Place of Business

21 15155 Federal Hwy 15155 Federal Hwy

22 Suite, Apt. #, etc
#117

2a. Mailing Address

27 15155 Federal Hwy

27 Suite, Apt. #, etc
#117

23 City & State
Boca Raton FL

28 City & State
Boca Raton FL

24 Zip Country
33432 USA

29 Zip Country
33432 USA

4. FEI Number

05-0809634

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

9. Name and Address of Current Registered Agent

PATTI, THOMAS J JR
780 SAINT ALBANS DRIVE
BOCA RATON FL 33486

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 607.0502 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 *Thomas J. Patti*
Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE *President* ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE *Vice President - Secretary & Treasurer* ☐ 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *President* ☐ Change ☒ Addition

1.2 NAME *Thomas J. Patti, Jr.*

1.3 STREET ADDRESS *780 St. Albans Drive*

1.4 CITY-ST-ZIP *Boca Raton FL 33486*

2.1 TITLE *Vice President & Secretary & Treasurer* ☐ Change ☒ Addition

2.2 NAME *Candice Patti*

2.3 STREET ADDRESS *780 St. Albans Drive*

2.4 CITY-ST-ZIP *Boca Raton FL 33486*

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:

Thomas J. Patti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 561-368-0200
Date Daytime Phone #