

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S91278** (9)

1. Corporation Name

UNIQUE STYLES & FASHIONS, INC.

Principal Place of Business

**4275 ST ANDREWS ST
MARIANNA FL 32446**

Mailing Address

**4275 ST ANDREWS ST
MARIANNA FL 32446**



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

32448

30

9. Name and Address of Current Registered Agent

**MCNEALY, MINNIE A.
4170 CEDAR ST
MARIANNA FL 32446**

3. Date Incorporated or Qualified

11/01/1991

3a. Date of Last Report

04/17/1995

4. FEI Number

59-3096695

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

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

32448

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

Minnie A. McNealy

(Print Name of Registered Agent and Date of Appointment)

4-15-96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MCNEALY, MINNIE A.

4170 CEDAR ST

MARIANNA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

MCNEALY, SHURONNIE

4495 SHELTER RD B13 4170 Cedar St

TALLAHASSEE FL Marianna, FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

SIGNATURE: *Minnie A. McNealy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Minnie A. McNealy

4-15-96

Date

Daytime Phone #

904-482-5429

CR2E034 (12/95)