

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**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

25 MAY 31 1996

DOCUMENT # V21755 (6)

1. Corporation Name

MAL SUN'S SALON, INC.

Principal Place of Business

Mailing Address

**3507 BELL SHOALS RD
VALRICO FL 33594-6142**

**3507 BELL SHOALS RD
VALRICO FL 33594-6142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1992

3a. Date of Last Report

06/01/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

4. FEI Number

59-3112889

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

10. Name and Address of New Registered Agent

**JONES, THOMAS R.
760 ISLETON DR
BRANDON FL 33511-7964**

81 Name

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

4417 BLANTYRE PL

83

84 City

VALRICO

FL

85 Zip Code

33594

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, hand or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	JONES, MAL SUN
STREET ADDRESS	760 ISLETON DR
CITY - ST - ZIP	BRANDON FL
TITLE	VTS
NAME	JONES, THOMAS R.
STREET ADDRESS	760 ISLETON DR.
CITY - ST - ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4417 BLANTYRE PL
1.4 CITY - ST - ZIP	VALRICO, FL 33594
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4417 BLANTYRE PL
2.4 CITY - ST - ZIP	VALRICO, FL 33594
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

6/23/95 813 246-3156