

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

**APPROVED AND FILED**

MAY 22 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V30501** (3)

1. Corporation Name  
**ERICKA D'S NAIL SCHOOL, INC.**

Principal Place of Business: **178 E. NINE MILE ROAD PENSACOLA FL 32534**

Mailing Address: **9525 HOLSBERY ROAD UNIT C PENSACOLA FL 32534 US**

2. Principal Place of Business: **21** State: **FL** City: **PENSACOLA**

2a. Mailing Address: **26** State: **FL** City: **PENSACOLA**

22. State: **FL** City: **PENSACOLA**

23. State: **FL** City: **PENSACOLA**

24. State: **FL** City: **PENSACOLA**

3. Date Incorporation or Qualification: **04/20/1992**

3a. Date of Last Report: **12/12/1994**

4. FEI Number: **59-3115982**

5. Certificate of Status Listed:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability to intangible tax under § 199.042, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **GOODWIN, COLLIE 9515 HOLSBERY RD PENSACOLA FL 32534**

10. Name and Address of New Registered Agent:

81. Name: \_\_\_\_\_

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

83. \_\_\_\_\_

84. City: \_\_\_\_\_ State: **FL** 85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.04(2) and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 hereby authorized to accept the appointment of Sections 607.04(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
NAME: <b>D GOODWIN, COLLIE</b>	STREET ADDRESS: <b>178 E. NINE MILE ROAD PENSACOLA FL 32534</b>	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>D KREBS, RONDA</b>	STREET ADDRESS: <b>178 E. NINE MILE ROAD PENSACOLA FL 32534</b>	2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	3. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME: _____	STREET ADDRESS: _____	7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	8. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	9. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, \_\_\_\_\_, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.04(2)(b), Florida Statutes. I further certify that the information submitted in 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 427, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Collie Goodwin Collie Goodwin* 5-16 95 (904) 484-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT  
1995



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Tallahassee, Florida  
Secretary of State  
Tallahassee, Florida

APPROVED  
AND  
FILED

SEARCHED INDEXED

SECURITY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V30752** (2)

1. Registered Agent  
**SILVER SANDS EQUITY INVESTORS, INC.**

Principal Office - P.O. Number: **5021 HWY 90 EAST SUITE 300 DESTIN FL 32541 US**  
Mailing Address: **P.O. BOX 91251 SUITE 300 MOBILE AL 36691 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21	2a. Mailing Address	26	3. Date of Incorporation or Qualification	04/23/1992	3b. Date of Last Report	08/12/1994
22. Subst. Agent		27. Subst. Agent		4. FEI Number	63-1065862	Applied Fee	Not Applicable
23. City & State		28. City & State	MOBILE, AL	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
24. City	25. Zip	29. City	30. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under S. 196.002 Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
<b>CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>	<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. City</td> <td></td> </tr> <tr> <td>85. Zip Code</td> <td>FL</td> </tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. City		85. Zip Code	FL
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85. Zip Code	FL										

11. Pursuant to the provisions of Sections 196.002 and 196.003, Florida Statutes, I, the undersigned, hereby certify that the information supplied with this statement for the purpose of changing its registered office or registered agent, or both, of the State of Florida, has been prepared and submitted by the corporation's board of directors, officers, and/or the appointment as registered agent, if any, and is true and correct. My signature is a true and correct signature.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS						
<table border="1"> <tr> <td>NAME</td> <td>D BURTON, J. ROE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>165 N. BELTLINE HWY</td> </tr> <tr> <td>CITY</td> <td>MOBILE AL</td> </tr> </table>	NAME	D BURTON, J. ROE	STREET ADDRESS	165 N. BELTLINE HWY	CITY	MOBILE AL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BURTON, J. ROE						
STREET ADDRESS	165 N. BELTLINE HWY						
CITY	MOBILE AL						
<table border="1"> <tr> <td>NAME</td> <td>D MARX, JULIEN E.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>165 N. BELTLINE HWY</td> </tr> <tr> <td>CITY</td> <td>MOBILE AL</td> </tr> </table>	NAME	D MARX, JULIEN E.	STREET ADDRESS	165 N. BELTLINE HWY	CITY	MOBILE AL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY	MOBILE AL						
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STREET ADDRESS							
CITY							

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to file the incorporation statement in Florida Statutes. I further certify that the information included on this statement is a true and correct statement and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient of funds incorporated to receive the required information required by Chapter 605, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing as an officer or director.

SIGNATURE: *[Signature]* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
5/15/95