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
95 APR 11 PM 3:29

DOCUMENT # **V49760** **(4)**

1. Corporation Name
TOP NOTCH CUTS & CURLS, INC.

Principal Place of Business	Mailing Address
11660 E. COLONIAL DRIVE ORLANDO FL 32817	11660 E. COLONIAL DRIVE ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/09/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3132829** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTS, MICHELLE
808 FERRY LANDING
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name (ADDRESS CHANGES ONLY)
82 Street Address (P.O. Box Number is Not Acceptable) 11660 E. COLONIAL DR.
83
84 City ORLANDO, FL **FL** 85 Zip Code 32817

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, MICHELLE E	1.2 NAME	
STREET ADDRESS	808 FERRY LANDING	1.3 STREET ADDRESS	11660 E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL 32828	1.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, CHARLES A	2.2 NAME	
STREET ADDRESS	808 FERRY LANDING	2.3 STREET ADDRESS	11660 E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL 32828	2.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DONALD	3.2 NAME	
STREET ADDRESS	1136 KENNEDY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRACEVILE IL 60407	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BEAVERS, LAURA	4.2 NAME	
STREET ADDRESS	1908 BARBER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: Michelle E. Roberts President 4-7-95 407-380-2664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000332 CP