

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Norman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K98387 (9)
1. Corporation Name
TALK OF THE TOWN SALON, INC.

Principal Place of Business Mailing Address
85 NW FIRST AVE HIGH SPRINGS FL 32643 **85 NW FIRST AVE HIGH SPRINGS FL 32643**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **06/27/1989** 9a. Date of Last Report **04/29/1994**
4. FEI Number **59-2856011** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 30. Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**HUNT, ANTOINETTE ISABELLA
85 NW FIRST AVE
HIGH SPRINGS FL 32643**

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

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | DPS |
| NAME | HUNT, CLAYTON RANDOLPH |
| STREET ADDRESS | RT 2 BOX 437 |
| CITY - ST - ZIP | ALACHUA FL |
| TITLE | DVT |
| NAME | HUNT, ANTOINETTE I |
| STREET ADDRESS | RT 2 BOX 437 |
| CITY - ST - ZIP | ALACHUA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---------------------|-------------------|--|-----------------------------------|
| 1.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | ANTOINETTE I HUNT | | |
| 1.3 STREET ADDRESS | SAME | | |
| 1.4 CITY - ST - ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 119.07(3)(k), 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 on 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: *Antoinette I Hunt* (90)
ANTOINETTE HUNT 4-28-95 4544422
PRES.
(Date) (Signature/Title)