

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 10 1997 8:00am  
Secretary of State

DOCUMENT # **F26062**

(2)

1. Corporation Name

**THE SCISSORSMITH SALON, INC.**

Principal Place of Business

**% JANE E SMITH  
1500 E MAXWELL STREET  
PENSACOLA FL 32503-4751**

Mailing Address

**% JANE E SMITH  
1500 E MAXWELL STREET  
PENSACOLA FL 32503-4751**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**03/19/1981**

3a. Date of Last Report

**03/04/1996**

4. FEI Number

**59-1864426**

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

**SMITH, JANE E  
1500 E MAXWELL STREET  
PENSACOLA FL**

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

Signature of the person who is the registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**SMITH, JANE E**  
STREET ADDRESS  
**1500 E MAXWELL STREET**  
CITY-ST-ZIP  
**PENSACOLA FL**

1.2 TITLE ☐ DELETE

NAME  
**SMITH, JAMES A**  
STREET ADDRESS  
**1500 E MAXWELL STREET**  
CITY-ST-ZIP  
**PENSACOLA FL**

1.3 TITLE ☐ DELETE

1.4 TITLE ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 TITLE ☐ DELETE

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1.25 TITLE ☐ DELETE

1.26 TITLE ☐ DELETE

1.27 TITLE ☐ DELETE

1.28 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE ☐ Change ☐ Addition

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE ☐ Change ☐ Addition

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANE E. SMITH**

**3/5/97**

**904 433 8286**

CR2E034 (9/96)