## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT

CORPORATION ANNUAL REPORT



Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

DOCUME 1. Corporation Na	ENT# <b>L993</b>	33	(0)						
JO C'S HAIR, ETC., INC.									
Principal Place of I	Business	Mailing Addres	S				ANI ANI ANI ANI ANI	)) 6:6:0 \$12:0 B	man oran race
299 MAIN RD 299 M/									
			KE MARY FL 32746			3 Date Incorporated or Qualified 3a. Date of Last Report			
						3. Date Incorporated or Qualified 09/12/1990		5/01/199	
<u></u>		2a. Mailing Add	dress			4. FEI Number		Apr	alied For
. Principal Place	of Business	26	1			69-0104146 Not Applicate			
Suite, Apt. #. €	etc.	Suite Apt.	Suite Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be			
City & State		28	·			Trust Fund Contribution		Added t	
Zip	Country	Zφ				8. This corporation has liability for intangible tax under s 199.032		99.032.	
ปี	25	25 29		30		Florida Statutes Yes Yes  10, Name and Address of New Registered Agent			
	9. Name and Address of Cur	rrent Registered Ager	<u></u>	81	Name	IU. Name and Pide South	1		
						ress (P.O. Box Number is Not Accepta	hlo)		
CRENSHAW, JO 299 MAIN RD LAKE MARY FL 32746				82	Street Addr	ress (P.O. Box Number is Not Accepte			
				83	<del> </del>				
LAKE M			84	Citi			B5 Zip	Code	
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute					1 '		<u>FL</u>		
SIGNATURE	godine typed o protest name of registered OFFICE RS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO O		DIRECTOF	RS IN 12
TITLE	D	LJ	DELETE	1, 1 TITLE 1.2 NAMS				_	
NAME	CRENSHAW, JO 299 MAIN RD				EL ADDRESS				
STREET ADDRESS	LAKE MARY FL			1.4 CiTr					
CITY-ST-ZIP TITLE	DANE MARTITE		OFLETE	2 1 Tiff.	Ţ		[	Change	Addition
NAME				2.2 NAMI					
STREET ATIONESS				1	F1 ADDRESS				
CITY-ST-ZIP			DC: FTC	2.4 CITY				Change	Add-tion
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NAME					EFT ADDRESS				
STREET ASIORESS				3.4 CITY			·		
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NAME				4.2 NAM	18				
STREET ADDRESS				4.3 STH	ELT ADDRESS				
CiTY-S1-ZIP					-ST ZIP			Change	Addition
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NAME				5.2 NAM	AL SET ADDRESS				
STREET ADDRESS					Y-ST-ZIP				
CITY - ST - ZIP			DELETE	6 1 11				☐ Change	Addition
TITLE		L	4 2	6.2 NA	1				
NAMÉ					REET ADDRESS				
STREET ADDRESS					61 70		1007071	The state Chart	too I further
CITY - ST - ZIP	contribution state	nation with this filing is v	roluntarily fu	imished and c	ioes not qual-f	y for the exemption stated in Section	1 19.07(3)(k). t the same lea	ionga Statu al effect as	ites. I further if made unde

I do hereby certify that the information supplied with this fiting is voluntarily turnished and does not qually lot the exemption sature shall have the same legal effect as if made unde certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde certify 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 Brock 12 or Block 13 if changed, or on an attachment with an address. Ja C+845kav SIGNATURE: