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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 453964 (9)

1. Corporation Name

SOUTHEASTERN BARBER SUPPLY, INC.

Principal Place of Business

220 MAIN STREET
P O BOX 1367
MCCOMB MS 39648

Mailing Address

220 MAIN STREET
P O BOX 1367
MCCOMB MS 39648-1367

3. Date Incorporated or Qualified

05/31/1974

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMITH, STEWART A.
5110 UNIVERSITY BLVD W.
JACKSONVILLE FL 32216

4. FEI Number

59-1544167

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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SMITH, STEWART
220 MAIN ST
MCCOMB MS
VP
SMITH, STEWART
5510 UNIVERSITY BLVD W
JACKSONVILLE FL
ST
SMITH, AILEEN B.
220 MAIN STREET
MCCOMB MS
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0493600

CR2E034 (9/96)