

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

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **538049** (8)

1. Corporation Name
SALLY INDUSTRIES, INC.

Principal Place of Business
803 PRICE STREET
ATTN: HOWARD KELLEY, JR.
JACKSONVILLE FL 32204

Mailing Address
803 PRICE STREET
ATTN: HOWARD KELLEY, JR.
JACKSONVILLE FL 32204-2332



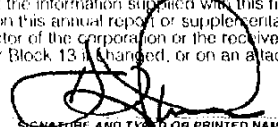
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1977		3a. Date of Last Report 01/23/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH & HULSEY 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	T/V/D
NAME	PURSER, KENT L	1.2 NAME	
STREET ADDRESS	803 PRICE ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	
NAME	MARGOL, WILBUR	2.2 NAME	
STREET ADDRESS	736 S GRANADA BLVD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	2.4 CITY-STATE-ZIP	
TITLE	PD	3.1 TITLE	P/S/D
NAME	KELLEY, HOWARD W. JR.	3.2 NAME	
STREET ADDRESS	803 PRICE STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32204	3.4 CITY-STATE-ZIP	
TITLE	CVSD	4.1 TITLE	C/D
NAME	WOOD, JOHN H.	4.2 NAME	
STREET ADDRESS	803 PRICE STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32204	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	
NAME	FOSTER, JR., RONALD H	5.2 NAME	
STREET ADDRESS	2800 HARTLEY RD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	Houston, Clancy
STREET ADDRESS		6.3 STREET ADDRESS	225 Water St, Suite 1235
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Jacksonville, FL 32202

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, unchanged, or on an attachment with an address.

SIGNATURE:  **Kent Purser** 2 APR 97 904 353 5051

CR2E034 (9/96)