

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 745 W. Forsyth St.	26 745 W. Forsyth St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville FL	28 Jacksonville FL
Zip	Zip
24 32204	29 32204
Country	Country
25	30

3. Date Incorporated or Qualified

06/27/1977

4. FEI Number

59-1788625

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**SMITH & HULSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202**

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	TV	1.1 TITLE	TV
NAME	PURSER, KENT L	1.2 NAME	William O. Coleman
STREET ADDRESS	803 PRICE ST.	1.3 STREET ADDRESS	745 W. Forsyth St.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32204
TITLE	D	2.1 TITLE	
NAME	MARGOL, WILBUR	2.2 NAME	
STREET ADDRESS	736 S GRANADA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	PSD	3.1 TITLE	
NAME	KELLEY, HOWARD W. JR.	3.2 NAME	
STREET ADDRESS	803 PRICE STREET	3.3 STREET ADDRESS	745 W. Forsyth St.
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	WOOD, JOHN H.	4.2 NAME	
STREET ADDRESS	803 PRICE STREET	4.3 STREET ADDRESS	745 W. Forsyth St.
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FOSTER, JR., RONALD H	5.2 NAME	
STREET ADDRESS	2900 HARTLEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HOUSTON, CLANCY	6.2 NAME	
STREET ADDRESS	225 WATER ST. STE 1235	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address

SIGNATURE: **William O. Coleman**

4/21/98

(904) 355-7100

CR2E034 (10/97)