

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 573458 (7)

1. Corporation Name

MINNIE'S BEAUTY SALON, INC.



Principal Place of Business

220 CHENEY HIGHWAY #50
TITUSVILLE FL 32780-6695

Mailing Address

220 CHENEY HIGHWAY #50
TITUSVILLE FL 32780-6695

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

HIGHTOWER, MINNIE
220 CHENEY HIGHWAY #50
TITUSVILLE FL 32780

3. Date Incorporated or Qualified

05/24/1978

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1824793

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 607.0504, Florida Statutes.

SIGNATURE

(Signature of person who is the registered agent or the person who is the president or vice president of the corporation)

(Signature of Registered Agent, Signature of person who is the president or vice president of the corporation)

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.7

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.8

TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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

Minnie Hightower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

407-267-2863

DATE

Daytime Phone #

CR2E034 (12/95)