FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 655778 (9)

1. CINDY'S BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
4550 JONESBORO ROAD UNION CITY GA 30291	4550 JONESBORO ROAD UNION CITY GA 30291

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1980
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-1997323 ☐ 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. The corporation has liability for intangible tax under S. 199 Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address
21 / 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, OLIVER
2560 N ST RD 7
LAUDERDALE LAKES FL 33313

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 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	PD
Name	JOHNSON, CYNTHIA
Street Address	110 SCARLETT OAK WAY
City-St-Zip	FAIRBURN GA
Title	VTM
Name	JOHNSON, OLIVER
Street Address	110 SCARLETT OAK WAY
City-St-Zip	FAIRBURN GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

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: [signature] Oliver Johnson 5-8-95 404-969-0286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone

0476303 FP