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FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90007 016 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 655778

1. Corporation Name

CINDY'S BEAUTY SALON, INC.

Principal Place of Business

**4550 JONESBORO ROAD
UNION CITY GA 30291**

Mailing Address

**4550 JONESBORO ROAD
UNION CITY GA 30291**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1980

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. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
JOHNSON, CYNTHIA
110 SCARLETT OAK WAY
FAIRBURN GA

TITLE ☐ DELETE

S
JOHNSON, TIFFANY
110 SCARLETT OAK WAY
FAIRBURN GA 30213

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition

1.2 NAME: ☐ Change ☐ Addition

1.3 STREET ADDRESS: ☐ Change ☐ Addition

1.4 CITY-ST-ZIP: ☐ Change ☐ Addition

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME: ☐ Change ☐ Addition

2.3 STREET ADDRESS: ☐ Change ☐ Addition

2.4 CITY-ST-ZIP: ☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition

3.2 NAME: ☐ Change ☐ Addition

3.3 STREET ADDRESS: ☐ Change ☐ Addition

3.4 CITY-ST-ZIP: ☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition

4.2 NAME: ☐ Change ☐ Addition

4.3 STREET ADDRESS: ☐ Change ☐ Addition

4.4 CITY-ST-ZIP: ☐ Change ☐ Addition

5.1 TITLE: ☐ Change ☐ Addition

5.2 NAME: ☐ Change ☐ Addition

5.3 STREET ADDRESS: ☐ Change ☐ Addition

5.4 CITY-ST-ZIP: ☐ Change ☐ Addition

6.1 TITLE: ☐ Change ☐ Addition

6.2 NAME: ☐ Change ☐ Addition

6.3 STREET ADDRESS: ☐ Change ☐ Addition

6.4 CITY-ST-ZIP: ☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01

(770) 969-4246