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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 691394

EDNA'S BEAUTY SALON, INC.

(1)

Mailing Address

FILED Feb 14 1997 8:00am Secretary of State



3422 COMMO JACKSONVILL	nwealth avenue e fl 32205		3422 COMMONWEALTH AVENUE JACKSONVILLE FL 32254-2318							
						Date Incorporated or Qualified 06/22/1981	1	te of Last f		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26				59-2098056			ot Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		4	Additional lequired	
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution				
Zıp 24	25 29 30					This corporation has liability for intangible tax under s. 199.032, Florida Statutes No				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	glatered #	.gent		
	lbrook, kathleen f			81	Name					
	01 INDEPENDENT SQUARE, CKSONVILLE FL 32202	1 INDEPENDENT DR		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)			
				83					·	
				84	City		FL	85 Zip	Code	
office or re	to the provisions of Sections 607 egistered agent, or both, in the \$ in familiar with, and accept the c	State of Florida. Such change w	as authorized	d hv	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of It the appo	changing i ointment as	its registered s registered	
	Styriature, typed or prodeo name of registers			i Ager	nt signature requ	ired when reinstating)	DATE			
12.		AND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	DVP	DELETE	1.1 T(1	TLE				Change	Addition	
NAME	FORDHAM, IRENE S.			1.2 NAME						
STREET ADDRESS	3422 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254			13 STREET ADDRESS						
CITY - ST - ZIP	JACKSONVILLE, FL 3223	DELETE	1.4 01		r-ziP			Change	Addition	
TITLE			21 111		ļ			L Criange	AUURIUH	
NAME STORES APPROVE			22 NA		*000000					
STREET ADDRESS CITY - ST - ZIP			2 4 C		ADDRESS					
THE		DELETE	31 TI		1-24			Change	Addition	
NAME			32 NA			No.				
STREET ADDRESS			3.3 \$1	REET	ADDRESS					
C(TY+S1+Z(P			3.4. C	ITY-S	T-ZiP					
TITLE		☐ DELETE	4.1 TI	TLE				☐ Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	reet.	ADDRESS					
C/TY - S1 - 7/P			4.4 CI	TY-ST	T- ZIP					
TITLE		DELETE	5.1 TF	TLE				Change	Addition	
NAME:			5.2 NA	AME						
STREET ADDRESS					ADDRESS					
CHY+SI+7IP		T priese	5.4 CI		T- ZIP			T 765	A diate	
TITLE		☐ DELETE	6.1 11			•		Change	Addition	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS	•				
CITY-ST-ZIP			6.4 CI	ITY-SI	T-ZIP		 		***************************************	

I. 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 if changed, or on an attachment with an address.

SIGNATURE

Daylore Phone #