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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 69

1394 (

(1)

EDNA'S BEAUTY SALON, INC.

`

Principal Place of Business

Mailing Address

FILED
May 15 1998 8:00am
Secretary of State



3422 COMMONWEALTH AVENUE JACKSONVILLE FL 32205			3422 COMMONWEALTH AVENUE JACKSONVILLE FL 32206		DO NOT WRITE IN TE	HIS SPACE	
					3. Date Incorporated or Qualified 06/22/1981		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	I IA	oplied For
21		26			59-2098056	<del>  -</del>	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				Additional
22		27			5. Certificate of Status Desired	Fee R	Required
City & State		City & State	h		6. Election Campaign Financing		) May Be
23   Zip	Country Zip			,	Trust Fund Contribution		to Fees
24	25	29	Country 30	,	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>		ntangible No
9. Name and Address of Current Registered Agent			1301	10. Name and Address of New Registered Agent			
HC	LBROOK, KATHLEEN F	· · · · · · · · · · · · · · · · · · ·	81	Name		<del></del>	
	OI INDEPENDENT SQUARE,	1 INDEPENDENT DR	ENDENT DR 82 Street Adv		Bress (P.O. Box Number is Not Acceptable)		
	CKSONVILLE FL 32202		٠	000000	riess (r.o. Box (quiriber is 140) Acceptable)		
			63				
			84	City		<b>85</b> Zip	Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Statut	tes, the abov	e-named corp	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing i	its registered
agent. Lar	n <b>lam</b> iliar with, and accept the ob	oligations of, Section 607.0505, FI	lorida Statute	y the corpora s.	mon's board or directors. I hereby accept the	appointment as	s registered
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·						
12.	Signature, typed or printed name of registered	agont and title if applicable (NOT AND DIRECTORS	TE: Registered Ag	ont signature requi	lred when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		DC 11/10
TITLE	DVP	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition S
NAME	FORDHAM, IRENE S.						
STREET ADDRESS	3422 COMMONWEALTH A	VENUE	1.3 STREET	ADDRESS			{
CITY-ST-ZIP	JACKSONVILLE, FL 32254		1.4 CITY-ST-ZIP				5
TITLE			2.1 TITLE			☐ Change	☐ Addition C
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY - :	ST-ZIP			
TITLE	☐ DELETE 3		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE			3.4. CHY-1	ST - ZIP		☐ Change	Addition
NAME		ليا منتداد	4.1 TITLE 4.2 NAME	•		∟ change	- Addition
STREET ADDRESS			4.2 NAME	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE	<del></del>	DELETE	5.1 TITLE		**************************************	Change	Addition
NAME		<del>-</del>	5.2 NAME				_
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			<u> </u>
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	T- <b>Z</b> IP			

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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

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