

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 19 PH 3:45

DOCUMENT # 698113 (8)

1. Corporation Name

KARLA'S BEAUTY SALON, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O LULA M. GALLAGHER
418 HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address

C/O LULA M. GALLAGHER
418 HARBOR CITY BLVD.
MELBOURNE FL 32935

000001517340

-06/20/95--01101--005

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2125895

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

2. Principal Place of Business

21 418 Harbor City Blvd

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Melbourne, FL

Suite, Apt. #, etc.

27

City & State

23 32935 FL

City & State

28

Zip

24

County

25

Zip

29

County

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLAGHER, LULA
5045 EVINRUDE ROAD
MELBOURNE FL 32935

1052 Tanglewood Lane

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE VDP
NAME GALLAGHER, LULA M
STREET ADDRESS 5045 EVINRUDE RD.
CITY ST ZIP MELBOURNE, FL 00000

11 TITLE ☐ Change ☐ Addition
NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE STD
NAME BAKER, TERESA
STREET ADDRESS 5045 EVINRUDE RD.
CITY ST ZIP MELBOURNE FL

21 TITLE ☐ Change ☐ Addition
27 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
37 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
47 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
57 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
67 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(3)(k), Florida Statutes. I further certify that the information evidenced 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:

Lula M. Gallagher

6-12-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #