

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

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98 MAY 18 PM 3: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1998**

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



DOCUMENT # F18352 (7)

1. Corporation Name
SUPER BEAUTY SUPPLY OF PENSACOLA, INC.
B.D. Johnson & Co. n/c 5/18/98



Principal Place of Business Mailing Address

~~3637 Andrew Jackson Dr~~ ~~P.O. BOX 8241~~
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **4773 Timberland Dr** 26 **PO Box 8241**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State **Pace, FL** 27 City & State **PENSACOLA FL**

23 Zip **32571** Country **USA** 28 Zip **32505** Country **USA**

3. Date Incorporated or Qualified
02/04/1981

4. FEI Number **59-2077884** 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 or has paid the current-year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

~~KIMMEL, ROBERT R., ESQ.~~
~~3 WEST GARDEN STREET, STE 506~~
~~PENSACOLA FL 32504~~

10. Name and Address of New Registered Agent

81 Name **Vincent J. Whibbs, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)
421 North Palatka Street

83

84 City **PENSACOLA** FL 85 Zip Code **32501**

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]* Date **4/10/98**

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BILLY DON	1.2 NAME	
STREET ADDRESS	3637 ANDREW JACKSON DR.	1.3 STREET ADDRESS	100002546641--7
CITY-ST-ZIP	PACE FL	1.4 CITY-ST-ZIP	-06/03/98--01097--024
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BILLY DON	2.2 NAME	
STREET ADDRESS	3637 ANDREW JACKSON DR.	2.3 STREET ADDRESS	***150.00 ***150.00
CITY-ST-ZIP	PACE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	HT 5-27-98
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]

CR2E034 (10/97)