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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G12970

(1)

1. Corporation Name
ZANE & CO. HAIR SALON



Principal Place of Business
3611 ST. JOHNS AVENUE
JACKSONVILLE FL 32205

Mailing Address
3611 ST. JOHNS AVENUE
JACKSONVILLE FL 32205-9025

3. Date Incorporated or Qualified
12/13/1982

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, KRASHEL ZANE
3611 ST. JOHNS AVENUE
JACKSONVILLE FL 32205

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 type: The person name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SHAW, KRASHEL Z
STREET ADDRESS 3611 ST. JOHNS AVENUE
CITY-STATE-ZIP JACKSONVILLE, FL 0
TITLE VP
NAME DALTON, J. C
STREET ADDRESS 3611 ST. JOHNS AVE.
CITY-STATE-ZIP JACKSONVILLE FL
TITLE S
NAME SHAW, KRASHEL Z
STREET ADDRESS 3611 ST. JOHNS AVE.
CITY-STATE-ZIP JACKSONVILLE FL
TITLE T
NAME DALTON, J. C
STREET ADDRESS 3611 ST. JOHNS AVE.
CITY-STATE-ZIP JACKSONVILLE FL
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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, respectively, or on an attachment with an address.

SIGNATURE:

K. ZANE Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97 904-389-5533
Date Daytime Phone #

CR2E034 (9/96)