## 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 # G13506

(2)

EBONY BEAUTY & BARBER SUPPLY, INC.

Principal Place of Business	Mailing Address
1036-42 DUNN AVE JACKSONVILLE FL 32218 US	1036-42 DUNN AVE JACKSONVILLE FL 322 US

**FILED** May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2236579 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 □ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HUFF, LARRY W. 6323 EMAN DR N Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32216 83 84 City 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 rainstating) DATE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition HUFF, LARRY W NAME 1.2 NAME 6323 EMAN DR N STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition HUFF, WALTER E NAME 2.2 NAME 3104 E BROADWAY #159 STREET ADDRESS 2.3 STREET ADDRESS MESA AZ 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-Z#P 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 of 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 officer of the

SIGNATURE:

LARRY W. HUFF

1,198