## 5-4-98 B 6293 -C 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 #

(4)

**COUNTRY CLASSICS HAIR SALON, INC.** 

**FILED** May 04 1998 8:00am Secretary of State



Suite. April 4, etc.    Suite	Principal Place	ace of Business Mailing Address			E SORDINE BODY DIENE TIBNE TIBNE TIBNE BIRK DIBNE DIBNE BIRKE BIRK		
PERRY FI. 2040  S. Date Incorporated or Qualified  17							
US   3. Date Incorporated or Custified   O/78/2/1898   Applicable   O/78/2/1898   O/		5 8. JEFFERSON ST / 1715 S. JEFFERSON ST					
2. Propopal Place of Business 22. Sollie, C. C OFF R.D. 26. Sub. April 4. FET Number 25. Sollie, C. C OFF R.D. 26. Sub. April 4. FET Number 26. Sollie, April 4. FET Number 27. Sollie, April 4. FET Number 28. Sollie, April 4. FET Number 29. Sollie,							
2. Pignopal Place of Business 2. Mail by Address 2. Mail by Address 3. Mail by Address 4. Mail by Address 3. Mail by Address 4. Mail by Address 3.			••				
21   Subset April etc.   22   Subset April etc.   23   Subset April etc.   23   Subset April etc.   24   25   Subset April etc.   25   Subset April etc.   26   Subset April etc.   27   Subset April etc.   28   Subset April etc.   28   Subset April etc.   29   Subset Ap			2a. Mailing Address			Applied For	
Sulfa, Agyl, etc.    Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, Agyl, etc.   Sulfa, agyl, etc.   Sulfa, agyl, etc.   Sulfa, agyl, etc.   Sulfa, etc.				4227	59-2318922	<del>-   ''</del>	
Solidary		#, etc.		,		\$8.75 Additional	
Trust Fund Contribution   Added to Fees   Ad	22 0				5. Certificate of Status Desired	Fee Required	
Section   Part	- <i>12</i> -	F-1 1	//- /	7.11			
8. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name and Address of New Registered Agent  13. Name and Address of New Registered Agent  14. Name and Address of New Registered Agent  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Name and Address of New Registered Agent  18. Name  18. Street Address (P.O. Box Number is Not Acceptable)  18. Street Address (P.O. Box Number is Not Acceptable)  19. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered registered agent and an application and applications of Section 67 500. Florida Statutos  19. Street Address (P.O. Box Number is Not Acceptable)  10. PL		<u> </u>					
BALKCOM, LARRY V. RT 3 BOX 227 PERRY FL 32347  B3   Street Address (P.O. Box Number is Not Acceptable)  B4   City   FL   B5   Zip Code  B5   Street Address (P.O. Box Number is Not Acceptable)  B5   Street Address (P.O. Box Number is Not Acceptable)  B6   Street Address (P.O. Box Number is Not Acceptable)  B7   PERRY FL 32347  B8   City   FL   B5   Zip Code  B7   City   FL   B5   Zip Code  B7   City   FL   B5   Zip Code  B7   City   FL   B5   Zip Code  B8   City   FL   B5   Zip Code  B9   City		La 1-7		<b>—</b>		_ · _ ·	
BALKCOM, LARRY V. RT 3 BOX 227 PERRY FL 32347  11. Pursuant to the provisions of Socitions 607,0502 and 607,1506, Florida Statutes. In above-ment corporation submits this statement for the purpose of changing its registered office or registeriod against or both, in the Statute of Florida Statutes. The above-ment corporation submits this statement for the purpose of changing its registered office or registeriod against or both, in the Statute of Florida Statutes. The above-ment corporation's board of directors. I hereby accept the appointment as registered signature, and above-ment corporation's board of directors. I hereby accept the appointment as registered office or registeriod against of the obligations of . Section 607,6505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  13. INITIE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Table  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Table  19	24 05-24			[30]			
RT 3 BOX 227 PERRY FL 32347    Secret Address (P.O. Box Number is Not Acceptable)	RA	<del></del>		81 Name	10, Name and Address of New York	stored Agent	
PERRY FL 32347    B3							
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutos. The analysis of the purvisions of Soctions 607.0502 and 607.1508. Florida Statutos agent. I am familiar with, and accept the collipations of, Soction 607.0505. Florida Statutos.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  12. OF FICERS AND DIFECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12  TITLE  PD. DELETE  1.1 TITLE  PD. DELETE  1.2 INTE  PRRY FL  1.4 CITY-ST-2P  PERRY FL  1.4 CITY-ST-2P  PERRY FL  1.5 TITLE  D . DELETE  1.5 TITLE  D . D							
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GREAT LORGES SIGNATURE    PO	11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos the above ported or possion submits this statement for the						
SIGNATURE    12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	OHICE OF TE	igi <b>ste</b> reo agent, or both, in the State	of Horida, Such change was a	Buthorized by the cornor:	ition's board of directors. I hereby accept	the appointment as registered	
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STREET ADDRESS  63 STREET ADDRESS  64 CITY-S1-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	TITLE		☐ DELETE			Change Addition	
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