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FILED

Feb 17 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 # G72410

(5)

1. Corporation Name

LE SALON OF LAKELAND, INC.

Principal Place of Business  
4784 SOUTH FLORIDA AVE  
LAKELAND FL 33813

Mailing Address  
4784 SOUTH FLORIDA AVE  
LAKELAND FL 33813-2181



3. Date Incorporated or Qualified  
12/05/1983

3a. Date of Last Report  
03/18/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2346167

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

9. Name and Address of Current Registered Agent

HAND, PEGGY R  
4530 OLD COLONY  
MULBERRY FL 33860

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME HAND, PEGGY R.  
STREET ADDRESS 4530 OLD COLONY  
CITY-ST-ZIP MULBERRY FL

TITLE V ☒ DELETE  
NAME COLEN, RICK  
STREET ADDRESS 1663 MAHAFFEY CIR  
CITY-ST-ZIP LAKELAND FL

TITLE ST ☐ DELETE  
NAME HAND, EVERETT P  
STREET ADDRESS 4530 OLD COLONY  
CITY-ST-ZIP MULBERRY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☐ Change ☐ Addition  
1.2 NAME Peggy Hand  
1.3 STREET ADDRESS 4530 Old Colony  
1.4 CITY-ST-ZIP Mulberry FL 33860

2.1 TITLE V PRES. ☒ Change ☐ Addition  
2.2 NAME Betty Delong  
2.3 STREET ADDRESS 1401 Country Rd  
2.4 CITY-ST-ZIP Lakeland FL 33801

3.1 TITLE Sec-Tres. ☐ Change ☐ Addition  
3.2 NAME Everett P Hand  
3.3 STREET ADDRESS 4530 Old Colony Rd  
3.4 CITY-ST-ZIP Mulberry FL 33860

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0388727

CR2E034 (9/96)