

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified

12/05/1983

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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	Betty Ann DeLong
82 Street Address (P.O. Box Number is Not Acceptable)	1401 Country Ridge Ln
83	Lakeland FL
84 City	FL
85 Zip Code	33801

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

Betty A. DeLong

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAND, PEGGY R.	
STREET ADDRESS	4530 OLD COLONY	
CITY-ST-ZIP	MULBERRY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELONG, BETTY	
STREET ADDRESS	1401 COUNTRY RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAND, EVERETT P	
STREET ADDRESS	4530 OLD COLONY	
CITY-ST-ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Betty Ann DeLong
1.3 STREET ADDRESS	1401 Country Ridge Ln
1.4 CITY-ST-ZIP	Lakeland FL 33801
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Alisha McCook
2.3 STREET ADDRESS	1401 Country Ridge Ln
2.4 CITY-ST-ZIP	Lakeland FL 33801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST Betty Ann DeLong
3.3 STREET ADDRESS	1401 Country Ridge Ln
3.4 CITY-ST-ZIP	Lakeland FL 33801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Betty Ann DeLong* **FL 33-1998**

CR2E034 (10/97)