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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # K26517 GIGI'S SALON PLUS, INC. Principal Place of Business

2701 8W COLLEGE RD.

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

KELLY, LINDA 2701 SW COLLEGE RD.

SUITE 701 OCALA FL 34474

OCALA FL 34474

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Zip

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

Mailing Address

OCALA FL 34474

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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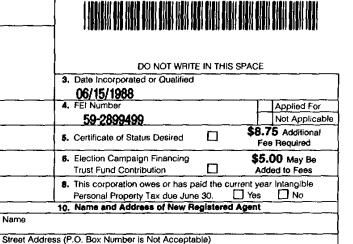
Country

9. Name and Address of Current Registered Agent

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2701 SW COLLEGE RD.

FILED Apr 03 1998 8:00am Secretary of State



84 City

Country

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Name

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agent and bits if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	D	DELETE	1.1 TITLE	Change	Addition	
NAME	Kelly, Linda		1.2 NAME	'	ì	
STREET ADDRESS	2701 SW COLLEGE RD. SUITE 701		1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	☐ Change	☐ Addition	
NAME	KNIGHTON, BERNICE		2.2 NAME		j	
STREET ADDRESS	P. O. BOX 792 N/A		2.3 STREET ADDRESS		[
CITY-ST-ZIP	FAIRFIELD FL		2. 4 CITY - ST - ZIP			
TITLE	D	DELETE	3.1 TITLE	Change	Addition	
NAME	KNIGHTON, GEORGE		3.2 NAME			
STREET ADDRESS	P. O. BOX 792 N/A		3.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD FL		3.4. CITY-ST-ZIP]	
TITLE		DELETE	4.1 YETLE	☐ Change	Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	☐ Change	Addition	
NAME			5.2 NAME		ì	
STREET ADDRESS			53 STREET ADDRESS		1	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	Change	☐ Addition	
NAME			6.2 NAME		}	
STREET ADDRESS			6.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		j	

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 suppliemental 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: