FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K51495 (5)

1. Corporation Name
WALK-IN BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
% MATTHEW D ELLROD 5645 NEBRASKA AVENUE NEW PORT RICHEY FL 34652	% MATTHEW D ELLROD 5645 NEBRASKA AVENUE NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2907429 — ☐ 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

	2. Principal Place of Business		2a. Mailing Address
21	10917 U.S. HWY. 19	26	10917 U.S[redacted] HIGHWAY 19
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: PORT RICHEY FL	28	City & State: PORT RICHEY, FL
24	Zip: 34668	29	Zip: 34668
25	Country: USA	30	Country:

9. Name and Address of Current Registered Agent

ELLROD, MATTHEW D.
5645 NEBRASKA AVENUE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable): 7702 MASSACHUSETTS AVENUE
83	
84	City: NEW PORT RICHEY FL
85	Zip Code: 34653

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	D	☐ DELETE
NAME	MILLER, EVELYN D.	
STREET ADDRESS	P.O. BOX 5551 N/A	
CITY-ST-ZIP	HUDSON FL 34674	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D/P	☒ Change ☐ Addition
1.2 NAME	MILLER, EVELYN D.	
1.3 STREET ADDRESS	13923 OLD DIXIE HIGHWAY	
1.4 CITY-ST-ZIP	HUDSON FL 34667	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Evelyn D. Miller — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-6-96 — Daytime Phone #: (813) 862-3690