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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

K95155

(3)

1. Corporation Name SHANNON'S SALON, INC.  Principal Place of Business Mailing Address									
Principal Place of Business 1425 TOMOKA FARMS ROAD DAYTONA BEACH FL 32120		,	P.O. BOX 10546 DAYTONA BEACH FL 32120-0546						
						3. Date Incorporated or Qualified 06/13/1989		te of Last Re 02/24/19	•
Principal Place of Business	3	2a.	Mailing Address			4. FEI Number		<b>├</b>	Applied For
		26				59-2964319			Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>y</b>	Additional Required
City & State			City & State			6. Election Campaign Financing	·	\$5.0	0 May Be
0		2:8				Trust Fund Contribution		Adde	d to Fees
Zip	Country	n	Zip	Count	У	8. This corporation has liability fo	r intangible	tax under s	199.032,
Name at	i od Address of Curren	29 nt Regist	tered Agent	30		Florida Statutes Y Ye  10. Name and Address of New	s No	d Agent	
y, Name a	Id Address of Correct	it negisi	tered Agent	8	1 Name	10. Hame and received or how	, iogiotoro		· · · · · · · · · · · · · · · · · · ·
BROWN, SHANNON	u				0 0 1111	ress (P.O. Box Number is Not Accepta	able)		··· ·· · · · · · · · · · · · · · · · ·
1600 BIG TREE ROA				8	2 Street Add	ress (F.O. Box Number is Not Accepte	1016)		
SUITE J-7				8	3				
DAYTONA BEACH F	L 32120				4 City			. 85 Zij	p Code
							F	L	
or registered agent, or be	oth, in the State of Florid	ida. Such	i change was authori	zed by the co	-named corpo poration's boa	ration submits this statement for the pard of directors. I hereby accept the ap	urpose of a pointment a	hanging its r as registered	egistered offic Lagent, Lam
familiar with, and accept	the obligations of, aget	tion 607.0	0505, Florida Statute	S.					
IGNATURE	_		0505, Florida Statute	<b>:</b> S.					
IGNATURE Signature, typed or	printed name of registered agent	t and the if a	0505, Florida Statute	S. IOTE: Registered A	ent signature require		DATE.	ID DIDECTO	DC IN 12
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Signature, speed or 2.  TLE P	printed name of registered agent OFFICERS AN	t and the if a	0505, Florida Statute	S. IOTE: Registered A	i ert signature require				
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