

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M86246** (9)
1. Corporation Name
THE FENNELLS, INC.



Principal Place of Business % SALON FENNEL 28 S. PALAFOX PENSACOLA FL 32501	Mailing Address 4808 LENNOX PLACE PENSACOLA FL 32514-6640
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/15/1988	3a. Date of Last Report 08/14/1996	4. FEI Number 59-2902953	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			

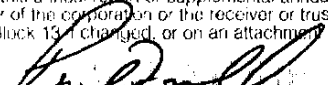
9. Name and Address of Current Registered Agent FENNEL, PHILLIP 4808 LENNOX PLACE PENSACOLA FL 32514	10. Name and Address of New Registered Agent 81 Name Fennell, Phillip 82 Street Address (P.O. Box Number is Not Acceptable) 11450 Floridale Dr 83 84 City Milton FL 85 Zip Code 32583
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	☐ DELETE	1.1 TITLE PST	☒ Change ☐ Addition
NAME FENNEL, PHILLIP		1.2 NAME Fennell, Phillip	
STREET ADDRESS 4808 LENNOX PLACE		1.3 STREET ADDRESS 11450 Floridale Dr	
CITY-STATE-ZIP PENSACOLA FL		1.4 CITY-STATE-ZIP Milton, Fla 32583	
TITLE VD	☐ DELETE	2.1 TITLE VD	☒ Change ☐ Addition
NAME FENNEL, BARBARA		2.2 NAME Fennell Barbara	
STREET ADDRESS 4808 LENNOX PLACE		2.3 STREET ADDRESS 11450 Floridale Dr	
CITY-STATE-ZIP PENSACOLA FL		2.4 CITY-STATE-ZIP Milton Fla 32583	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97 904-469-9031
Date Daytime Phone #

CR2E034 (9/96)