SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $125 (IF DISSOLVED, REINSTATEMENT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:56

DOCUMENT # **P93000014782 (5)**

1. Corporation Name

E.B. SALON, INC.

Principal Place of Business	Mailing Address
16701 GULF BLVD. **NORTH REDINGTON BEACH FL 33708**	**16701 GULF BLVD.** **NORTH REDINGTON BEACH FL 33708**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **02/19/1993**	3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-3173694**	☐ 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. The corporation has lobbyist for intangible tax under s. 199.032, Florida Statutes ☐ yes ☒ no	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEAD, JOHN L JR **16701 GULF BLVD.** **NORTH REDINGTON BEACH FL 33708**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**MEAD, PATRICIA N**	12 NAME	
STREET ADDRESS	**1200 COUNTRY CLUB BLVD.**	13 STREET ADDRESS	
CITY ST ZIP	**ST. PETERSBURG FL 33710**	14 CITY ST ZIP	
TITLE	**STD**	21 TITLE	☐ Change ☐ Addition
NAME	**MEAD, JOHN L JR**	22 NAME	
STREET ADDRESS	**1200 COUNTRY CLUB BLVD.**	23 STREET ADDRESS	
CITY ST ZIP	**ST. PETERSBURG FL 33710**	24 CITY ST ZIP	
TITLE	**VD**	31 TITLE	☐ Change ☐ Addition
NAME	**CHUMBLEY, JOSEPH H**	32 NAME	
STREET ADDRESS	**6462 CENTRAL AVENUE**	33 STREET ADDRESS	
CITY ST ZIP	**ST. PETERSBURG FL 33707**	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I/We hereby certify that the information supplied with this filing is absolutely furnished and 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: John L Mead Jr. JOHN L. MEAD, JR. 6-19-95 813-345-2576
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

010000016 CP