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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9400005632 (2)

PAT'S CUTS AND PERMS, INC.

FILED Jan 15 1998 8:00am Secretary of State

Principal Plac	incipal Place of Business Mailing Address			1 10011001 110 10111 5 1011 00111 00111 04111 06111 06111 06111 061	1 10011001 JID 10111 SJAIT BOTH SAUL SAUL BOIN BOIN BOIN BOIN BING BINGS 11110 [181 1881		
LAS CLEAR	LAKE AD. NLAKE SQUAN C 32822	1009 MEDALLION DR. ROCKLEDGE FL 32955		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
COCOA FE S	32922						3. Date Incorporated or Qualified
					01/13/1994		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3217794	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Ζψ	Count	У	8. This corporation owes or has paid the cur		
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		a	10. Name and Address of New Registered	Agent	
	BRIGHT, JANNIE P		8	l Name			
10484	66 CLEARLAKE RD.		8	Street	Address (P.O. Box Number is Not Acceptable)		
#4	woodlandake Squane		8	J			
00	DCOA FL 32922		0	'			
			8	City	EI	85 Zip Code	
44 Purguent	to the provisions of Sections 607 Out	22 and CO7 1609 Florida Ptal	ulas the abo	io pomoré	Corporation submits this statement for the purpose of	changing its registered	
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized t	by the con	poration's board of directors. Thereby accept the app	ointment as registered	
ag ent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, F	Iorida Statut	98.			
SIGNATURE	Signature, typed or printed name of registered ag	Solom Par discrete Alle Mark	111 Designed A	nord a investmen	e required when reinstaling) DATE		
12.		D DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	P	DELETE	1,1 1111.8		T	☐ Change ☐ Addition	
NAME	ALBRIGHT, JANNIE P		1.2 NAM				
STREET ADDRESS	1009 MEDALLION DR.		1.3 S1RE	1 ADDRESS			
CITY-ST-ZIP	ROCKLEOGE FL 32955		1.4 CITY	S1 - ZIP			
THILE	ST	☐ DELETE	2.1 TIT(E			Change Addition	
NAME	ALBRIGHT, CHARLES G		2.2 NAMI				
STREET ADDRESS	1009 MEDALLION DR.		2.3 S1RE	1 ADDRESS			
CITY - ST - ZIP	ROCKLEDGE FL 32955		2. 4 CITY	ST-ZIP			
TITLE		☐ DECETE	3.1 THE			Change Addition	
NAME			3.2 NAMI				
STREET ADDRESS			3.3 STRE	1 ADDRESS			
CITY-ST-ZIP	<u></u>		3.4. CITY	ST-ZiP			
THILF		☐ DELETE	4 1 1011 F			Change Addition	
NAME			4.2 NAM	F			
STREET ADDRESS			4 3 STRE	1 ADDRESS			
DITY-ST-ZIP			4.4 CITY-	\$1 - ZIP			
TITLE		DELFTE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 S1RI	1 ADDRESS			
CITY-ST-7#P			5.4 C(IY-	ST - 7#°			
TITLE		☐ DELFTE	6.1 TITLE			☐ Change ☐ Addition	

14. I heroby 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.

6.4 CHY - S1 - ZIP

6.2 NAME