

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000013290

1. Corporation Name

RED ROSE GALLERY OF HAIR, INC.

Principal Place of Business

4278 HERSCHEL STREET  
JACKSONVILLE FL 32210

Mailing Address

4278 HERSCHEL STREET  
JACKSONVILLE FL 32210

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90008 033 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1994

4. FEI Number

59-3224315

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4278 Herschel Street

Suite, Apt. #, etc.

22 Jacksonville, Florida

City & State

U.S.A.

23 32210

Zip

Country

24

25

2a. Mailing Address

26 4610 Shelby Ave

Suite, Apt. #, etc.

27 Jax, Fla.

City & State

U.S.A.

28 32210

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THOMPSON, DELORES E  
6310 MAGELLAN RD  
JACKSONVILLE FL 32222

10. Name and Address of New Registered Agent

81 Name

Carol L. Jacobs

82 Street Address (P.O. Box Number is Not Acceptable)

3903 St. Johns Ave

83

84 City

Jacksonville

FL

85 Zip Code

32205

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)

2/23/99

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME THOMPSON, DELORES E  
STREET ADDRESS 6310 MAGELLAN RD  
CITY-ST-ZIP JACKSONVILLE FL 32222

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

President  
Carol L. Jacobs  
3903 St. Johns Ave  
JAX FL 32205

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

V. President  
Nina N. Miller  
8655 Beck Ct  
JAX FL 32205

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

904 388-8572

Date

Daytime Phone #

CR2E034 (11/98)