**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000078777 (7)**

1. Corporation Name

**SALON OWNERS UNITED, INC.**

Principal Place of Business
1221-8 COMMERCIAL PARK DRIVE
TALLAHASSEE FL 32303

Mailing Address
1221-8 COMMERCIAL PARK DRIVE
TALLAHASSEE FL 32303

2. Principal Place of Business
21 1241 W. Tharpe
22 Suite, Apt. #, etc. #10
23 City & State Tallahassee Fl
24 Zip 32303 25 Country

2a. Mailing Address
26 P.O. Box 4307
27 Suite, Apt. #, etc.
28 City & State Tallahassee Fl
29 Zip 32315 30 Country

3. Date Incorporated or Qualified: 10/26/1994

3a. Date of Last Report: 06/26/1995

4. FEI Number: 59-3277991 — 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**

GOLDBERG, STUART E
305 S. GADSDEN STREET
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name Beverly Kilmer
82 Street Address (P.O. Box Number is Not Acceptable) 1241 W. Tharpe St
83 #10
84 City Tallahassee FL 85 Zip Code 32303

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 Beverly Kilmer Beverly Kilmer 4-3-96
Signature, type or print name of new registered agent, if appointed (Certified Registered Agent's signature required after recording) DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P ☐ DELETE |
| NAME | KILMER, BEVERLY |
| STREET ADDRESS | 1221-8 COMMERCIAL PARK DR |
| CITY-ST-ZIP | TALLAHASSEE FL |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1.1 TITLE | ☐ Change ☐ Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | ☐ Change ☐ Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | ☐ Change ☐ Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | ☐ Change ☐ Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | ☐ Change ☐ Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Beverly Kilmer Beverly Kilmer 4-3-96 904-385-7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)