

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

CORPORATION
ANNUAL REPORT
1995



Department of Banking and Finance
Secretary of State
Office of Corporations

APPROVED
AND
FILED

95 APR 28 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084998 (1)

SALON UNITY, INCORPORATED

Principal Office Address
10020 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952

Mail Stop Address
10020 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1994	3a. Date of Last Report
4. FFI Number 65-0544588	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	

2. Principal Office of Principals 21. State Apt. # etc. 22. City & State 23. Zip	2a. Mailing Address 26. P.O. Box 7817 27. State Apt. # etc. 28. Port St Lucie FL 29. 34985 30. St Lucie
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9. Name and Address of Current Registered Agent

SIMMONS, EVETT L
10020 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Principal Officer of Corporation)

(Signature of Registered Agent or Principal Officer of Corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME SATCHELL, EUTELYN 1073 S.W. SARTO LANE PORT ST. LUCIE FL 34953		1. NAME ☐ Change ☐ Addition	
2. NAME SIMMONS, EVETT L 2061 S.E. ERWIN ROAD PORT ST. LUCIE FL 34952		2. NAME ☐ Change ☐ Addition	
3. NAME		3. NAME ☐ Change ☐ Addition	
4. NAME		4. NAME ☐ Change ☐ Addition	
5. NAME		5. NAME ☐ Change ☐ Addition	
6. NAME		6. NAME ☐ Change ☐ Addition	
7. NAME		7. NAME ☐ Change ☐ Addition	
8. NAME		8. NAME ☐ Change ☐ Addition	
9. NAME		9. NAME ☐ Change ☐ Addition	
10. NAME		10. NAME ☐ Change ☐ Addition	
11. NAME		11. NAME ☐ Change ☐ Addition	
12. NAME		12. NAME ☐ Change ☐ Addition	
13. NAME		13. NAME ☐ Change ☐ Addition	
14. NAME		14. NAME ☐ Change ☐ Addition	
15. NAME		15. NAME ☐ Change ☐ Addition	
16. NAME		16. NAME ☐ Change ☐ Addition	
17. NAME		17. NAME ☐ Change ☐ Addition	
18. NAME		18. NAME ☐ Change ☐ Addition	
19. NAME		19. NAME ☐ Change ☐ Addition	
20. NAME		20. NAME ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Law 1992-100, Chapter 100, Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it would under applicable Florida law on this filing. I am not an officer or director of the corporation and I am not a shareholder of the corporation.

SIGNATURE:

Evett L Simmons, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 407-337-3330