

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

4-23-96 8-4144 -6

DOCUMENT # P95000012307 (1)

1. Corporation Name

SECOND LOOKS, INC.



Principal Place of Business

Mailing Address

RT 5 BOX 1603 (SEARS PLAZA)  
PALATKA FL 32177

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PALATKA FL 32177

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

5/1/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3293522

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability 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

WILLIAMS, BRENDA J  
6683 CRILL AVENUE  
PALATKA FL 32177

81 Name

JANICE HACKNEY

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

618 HOOVER ROAD

83

P.O. Box 731

84 City

HOLLISTER, FL.

FL

85 Zip Code

32147

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

JANICE HACKNEY

JANICE HACKNEY

4-17-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HACKNEY, JANICE	
STREET ADDRESS	P.O. BOX 731 N/A	
CITY-ST-ZIP	HOLLISTER FL 32147	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIAMMANCO, LESLIE	
STREET ADDRESS	105 THICKET LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P/V/T/S/D/C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HACKNEY, JANICE	
13 STREET ADDRESS	P.O. Box 731 - 618 Hoover Road	
14 CITY-ST-ZIP	Hollister, FL, 32147	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

JANICE HACKNEY Director

4/17/96

904-328-1342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)