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 # P95000016663 (3)

1. Corporation Name
THELMA'S BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
416 S TYNDALL PKWY PANAMA CITY FL 32404	416 S TYNDALL PKWY PANAMA CITY FL 32404

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2471 HWY 77	26 2471 HWY 77
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Panama City FL	City & State 28 PANAMA City FL
Zip 24 32405 Country 25 BAY	Zip 29 32405 Country 30 BAY

4. FEI Number: 59-3050174 ☐ 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

MCDOWELL, THELMA G
416 S TYNDALL PKWY
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2471 HWY 77
83
84 City: PANAMA City FL 85 Zip Code: 32405

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: Thelma G. McDowell THELMA G McDOWELL 16 APRIL 96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	THELMA G McDOWELL	
STREET ADDRESS	6521 Boatrace Rd	
CITY-ST-ZIP	PANAMA City Fla 32404	
TITLE	Vice President	☐ DELETE
NAME	John C McDOWELL	
STREET ADDRESS	6521 Boatrace Rd	
CITY-ST-ZIP	PANAMA City Fla 32404	
TITLE	SECRETARY	☐ DELETE
NAME	THELMA G McDowell	
STREET ADDRESS	6521 Boatrace Rd	
CITY-ST-ZIP	PANAMA City Fla 32404	
TITLE	TRES	☐ DELETE
NAME	John C McDOWELL	
STREET ADDRESS	6521 Boatrace Rd	
CITY-ST-ZIP	PANAMA City Fla 32404	
TITLE		☐ DELETE
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	800001825358	
5.1 TITLE	-05/16/96--01114--008	☐ Change ☐ Addition
5.2 NAME	***200.00	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	5/1/96	☐ 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: Thelma G. McDowell THELMA G. McDOWELL 16 APRIL 1996 904 8720427
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (12/95)