## 5-11-98 B 1,954 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000097080 (2)

JOHN THE BARBER, INC.

**FILED** May 11 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
8132 BLOUNTSTOWN HIGHWAY #5 TALLAHASSEE FL 32310	6132 BLOUNTSTOWN HIGHWAY #5 TALLAHASSEE FL 32310	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified		

TALLAHASSEE FL 32310		TALLAHASSEE FL 32310		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					01/01/1996	
2. Principal P	lace of Businoss	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3349390	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	<del>9</del>	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Cur	rent Hegistered Agent	8	1 Name	10. Name and Address of New Registered	a Agent
	OKER, JULIE P		ľ	Ivame		
1456 FULLER RD.			8:	Street Addr	reas (P.O. Box Number is Not Acceptable)	
TA	LLAHASSEE FL 32303				kosemany larace	
			8:	<b>'</b>		
			8	4 City		85 Zip Code
					FI	L.
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statul late of Etorida, Such changa was	tes, the abo authorized t	ve-named corp  v the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and acount the ob	getions of, Section 607.0505, FI	orida Statuti	38.	No	1000
SIGNATURE	Chille F. Cot	er Julie	P. CO	Ker	Tilly 1, 1	1478
	Stone of Typed or printed name of registered			gent signature requir	ired when reinstating) DATE	UD DUDECTODO IN 10
12.	PVST	AND DIRECTORS DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
i i	COKER, JULIE	E been				E curvão E vodición
NAME	1456 FULLER RD.		1.2 NAME			
STREET ADORESS	TALLAHASSEE FL 32303			ET ADDRESS		
CITY-ST-ZIP	DCM	DELETE	1.4 CITY - 2.1 TITLE			Change Addition
TITLE	COKER, JULIE					C custings C Accuttou
NAME	1456 FULLER RD.		2.2 NAME			
STREET ADORESS	TALLAHASSEE FL 32303			ET ADDRESS	· ·	
CITY-ST-ZIP	TALLATIASSEE PL 32303	DELETE	2. 4 CITY 3.1 TITLE			Change Addition
TITLE		L. Decene			·	FT custife FT Monthou
NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY			Change Addition
TITLE		□ ntreie	4.1 TITLE			Chemina Chwadiion
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		I Drufte	4.4 CITY			Change Addition
TITLE		☐ DELE <b>te</b>	5.1 TITLE			C ensuge C vocation
NAME			5.2 NAM6			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELE <b>te</b>	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM6			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
LAUTH AT THE			C 4 0171	AT TID		

14. Thereby 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 suppliemental 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.