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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9600003410**1. Corporation Name

JEANETTE'S BEAUTY SALON, INC.

\$					
Principal Plac	ce of Business	Mailing Address		T CONTINUE TO THE WATER	ausin ading annyi adina ngny kinas si a ni adi k 160%
755 S LITTLE JOHN AVE 755 S LITTLE JOHN A					
INVERNESS FL 34450 INVERNESS FL 34450 US		, ,	DO NOT W	RITE IN THIS SPACE	
				3. Date Incorporated or Qualife	d ,
				. 01/08/1996	
_	Place of Business	2a. Mailing Address	s	4. FEI Number	Applied For
21 Suito Ant	# ata	26 Suite Ant # of	<u> </u>	59-3360386	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, et	IC.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	
23	,	28	•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the cu	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr			10. Name and Address of New	Registered Agent
HO	FFMANN, JEANETTE C	LARADIVILA	81 Name		
755 S-LITTLE-JOHN AVE 115 MACA			82 Street	Address (P.O. Box Number is Not Accept	table)
	ERNESS FL 34450		83		
					深处沙洲 经制度 医
			84 City		FL 85 Zip Code
11. Pursuant	t to the provisions of Sections 607.0	502 and 607,1508, Florida	Statutes, the above-named	corporation submits this statement for the	e purpose of changing its registered
Unice of	registered agent, or both, in the State am familiar with, and accept the oblice	le di Fiblica. Such Giange	was authorized by the Corp	oration's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE		guacina 61, 666a611 607.000	o, i londa otatalos.		
	Signature, typed or printed name of registered a	 	(NOTE: Registered Agent signature	required when reinstating) $i_{i} \in \mathbb{N}$, $i_{i} \in \mathbb{N}$	DATE
12.	T =	AND DIRECTORS	13.	+	FFICERS AND DIRECTORS IN 12
TITLE	D HOLLMANN BIGHARD C	☐ DELE	I	有限等。1965年196	☐ Change ☐ Addition
NAME	HOFFMANN, RICHARD G 755 S LITTLE JOHN AVE		1.2 NAME		•
STREET ADDRESS	INVERNESS FL 34450		1.3 STREET ADDRESS		
CITY-ST-ZIP	D	☐ DELE	1.4 CITY-ST-ZIP TE 2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMANN, JEANETTE C	_ 7511	2.2 NAME		La compo
STREET ADDRESS	0 1 101 N 11-		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450	STATUS AND A	2.4 CITY-ST-ZIP		·
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TITLE	SECTION OF THE PROPERTY OF THE PARTY OF THE	ĵ.	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
'''ב	SHIFTE HIS JOSEPH AND AND THE STATE OF THE S	•	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
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14. I hereby 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 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

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP