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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Secretary of State
DIVISION OF CORPORATIONS

Apr 16 1997 8:00am

Secretary of State

DOCUMENT # P96000027506 (0)

SALON 1 OF RIVERPLACE, INC.

Mailing Address Principal Place of Business 11111 STATE RD 13 11111 STATE RD 13 SUITE 54 JACKSONVILLE FL 32257 SHITE 54 JACKSONVILLE FL 32223-7274 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation has liability for intangible tax under s. 199,032, ☐ Yes ☐ No Horida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCALLUM, BRENDA P 81 11111 STATE RD 13 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 54** 83 JACKSONVILLE FL 32257 84 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, forida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELETE Change ___ Addition TITLE 1.1 TH (F MCCALLUM, BRENDA P 1.2 NAME 11111 STATE RD 13 SUITE 54 STREET ADDRESS 1.3 STREET ADORESS JACKSONVILLE FL 32257 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELFTE Change Addition 211011 MCCALLUM, ROBERT J NAME 2.2 NAME 11111 STATE RD 13 SUITE 54 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 2 4 CHY+S1 7P DELETE Change Addition TITLE 3.1 1111.6 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP DETTE Change Addition TITLE 4.1 1/11 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CRY SUZP DELETE Change Addition TITLE 5.1 THEF NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-7(F ☐ DELETE ___ Addition 6.1 TH LE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP $6.4.011Y \cdot S^{\intercal} \cdot ZIP$ 14. I do 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 eath; that I am an officer or director of the conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name