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FILED  
Jun 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000083206**

1. Corporation Name

**L'DORIAN'S HAIR Salon**

Principal Place of Business

Mailing Address

**L'DORIAN'S HAIR  
Salon**

**7605 CAUSEWAY Blvd  
Tampa FL 33619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

**21 7605 CAUSEWAY Blvd**

**26 7605 CAUSEWAY Blvd**

4. FEI Number

Applied For

**65-0705629**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

22 City & State

27 City & State

**23 TAMPA FL**

**28 TAMPA FL**

24 Zip

Country

29 Zip

Country

**33619**

**HILLSBOROUGH**

**33619**

**HILLSBOROUGH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACQUELINE M. CHANDLER  
13304 BEECHBERRY DR  
RIVERVIEW FL 33569**

81 Name

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

83

84 City

**FL**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JACQUELINE M. CHANDLER**

**5-25-98**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE  
NAME **JACQUELINE M. CHANDLER**  
STREET ADDRESS **13304 BEECHBERRY DR**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V. PRESIDENT** ☐ DELETE  
NAME **JACQUELINE M. CHANDLER**  
STREET ADDRESS **SAME ADDRESS AS ABOVE**  
CITY-ST-ZIP **SAME ADDRESS AS ABOVE**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TREASURER** ☐ DELETE  
NAME **JACQUELINE M. CHANDLER**  
STREET ADDRESS **SAME ADDRESS AS ABOVE**  
CITY-ST-ZIP **SAME ADDRESS AS ABOVE**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE **Jacqueline M. Chandler**

**5-25-98 913-123-1110**

CR2E034 (10/97)