FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020030 (7)

SALON ONE OF PONTE VEDRA, INC.

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Principal Place of Business Mailing Address 385 EAGLE CREEK CIRCLE 385 EAGLE CREEK CIRCLE LAKE MARY FL 32746 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 240 ABOVE SAME AS 26 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired # 27 City & State City & State 6. Election Campaign Financing

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLACK, GINGER L 385 EAGLE CREEK CIRCLE 82 Street_Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 AGLE 83

Country

DEMINOLE

Zip Code AKE 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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SI SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE NAME BLACK, GINGER L 1.2 NAME 385 EAGLE CREEK CIRCLE STREET ADDRESS 1,3 STREET ADDRESS LAKE MARY FL 32746 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 2.1 TITLE BLACK MICHAEL M. 2.2 NAME NAME 385 EAGLE CREEK CIRCLE 2.3 STREET ADDRESS STREET ADDRESS MARY. CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP __ DELETE Change Addition TITLE 6.1 TITLE 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of 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:

FILED

Feb 05 1998 8:00am

Secretary of State

Trust Fund Contribution

Personal Property Tax due June 30.

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

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