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PROFIT CORPORATION **ANNUAL REPORT**

1998

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032977 (5)

DONALD'S BEAUTY & BARBER SHOP, INC. Principal Place of Business Mailing Address 2308 ELEUTHERA PLACE 2309 ELEUTHERA PLACE SEFFNER FL 33584 SEFFNER FL 33584 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Buite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution ŻΦ Country Ζip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MITCHELL, DONALD J 2309 **ELEUTHERA PLACE** Street Address (P.O. Box Number is Not Acceptable) 82 SEFFNER FL 33584 83 RΔ City Zip Code 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 Signature, typod or printed name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE PD 1.1 TITLE NAME MITCHELL, DONALD J 1.2 NAME 2309 ELEUTHERA PLACE STREET ADDRESS 1.3 STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MITCHELL, ALICIA W NAME 2.2 NAME 2309 ELEUTHERA PLACE STREET ADDRESS 2.3 STREET ADDRESS SEFFNER FL 33584 CITY+ST-7IP 2.4 City-St-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STRÉET 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 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAMÈ STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-\$T-ZIP ☐ DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

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.

1/19/98

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FILED

May 01 1998 8:00am

Secretary of State