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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000073416 (4)**

1. Corporation Name

~~TOTAL LOOK OF JACKSONVILLE, INC.~~

NC 12-10 97

JACKSONVILLE HAIR REPLACEMENT ~~CENTER~~, INC [redacted]

Principal Place of Business	Mailing Address
~~8221-10 SOUTHSIDE BLVD.~~ ~~JACKSONVILLE FL 32256~~ 9770 Baymeadows Road, Suite 101 Jacksonville, FL 32256	8221-10 SOUTHSIDE BLVD. JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9770 Baymeadows Rd	2a. Mailing Address 26 Same as above	3. Date Incorporated or Qualified 08/20/1997	
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27	4. FEI Number 59-3463131	Applied For Not Applicable
City & State 23 Jacksonville, FL	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 32256	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, C. HOLT III 1 INDEPENDENT DR., STE. 3301 JACKSONVILLE FL 32202	81 Name: BHARTI DESAI 82 Street Address (P.O. Box Number is Not Acceptable): 2475 Windy Hill Road 83: Suite B 84 City: Marietta, GA ~~FL~~ 85 Zip Code: 30067

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 [signature] 2/28/98
Signature, type 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, JOANN		1.2 NAME	
STREET ADDRESS	10150 BELLE RIVE BLVD., #2105		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOYNER, JOHN		2.2 NAME	
STREET ADDRESS	10150 BELLE RIVE BLVD., #2105		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DESAI, BHARTI		3.2 NAME	
STREET ADDRESS	2475-B WINDY HILL RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30067		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	LS 3.26
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	300002469158 ☐ Change ☐ Addition
NAME			6.2 NAME	-03/26/98--01007--030
STREET ADDRESS			6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [signature] 2/28/98