

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

FILED
Mar 26 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 # P97000073416 (4)

1. Corporation Name

~~TOTAL LOOK OF JACKSONVILLE, INC.~~

JACKSONVILLE HAIR REPLACEMENT CENTER, INC.

Principal Place of Business

Mailing Address

8221-10 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256

8221-10 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256

9770 Baymeadows Road, Suite 101
Jacksonville, FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

2. Principal Place of Business

2a. Mailing Address

21 9770 Baymeadows Rd

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 101

27

23 City & State
Jacksonville, FL

28 City & State

24 Zip
32256

Country

29 Zip

Country

25

30

4. FEI Number

59-3463131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

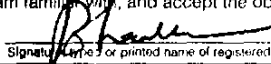
Marietta, GA FL

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 of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/28/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME HUTCHINSON, JOANN
STREET ADDRESS 10150 BELLE RIVE BLVD., #2105
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME JOYNER, JOHN
STREET ADDRESS 10150 BELLE RIVE BLVD., #2105
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME DESAI, BHARTI
STREET ADDRESS 2475-B WINDY HILL RD.
CITY-ST-ZIP MARIETTA GA 30067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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:



2/28/98

CR2E034 (1097)