

08061999-90007-018-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082337

1. Corporation Name

SALON 911, INC.

Principal Place of Business
1003 E ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address
1003 E ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90007 018 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3472528	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHANKS, BRYAN 1003 E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

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	PD SHANKS, BRYAN	1.1 TITLE	☐ Change ☐ Addition
NAME	SHANKS, BRYAN	1.2 NAME	
STREET ADDRESS	1003 E ALTAMONTE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	
TITLE	TD SHANKS, DOUGLAS	2.1 TITLE	☐ Change ☐ Addition
NAME	SHANKS, DOUGLAS	2.2 NAME	
STREET ADDRESS	1003 E ALTAMONTE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	SD WEINHOLD, BETH	3.1 TITLE	☒ Change ☐ Addition
NAME	WEINHOLD, BETH	3.2 NAME	SD THE WEINHOLD FAMILY TRUST dated 9/12/96 MARY ELIZABETH WEINHOLD CO-TRUSTEE
STREET ADDRESS	1003 E ALTAMONTE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	
TITLE	D WEINHOLD, KENNETH	4.1 TITLE	☒ Change ☐ Addition
NAME	WEINHOLD, KENNETH	4.2 NAME	The WEINHOLD FAMILY TRUST dated 9/12/96 KENNETH F. WEINHOLD CO-TRUSTEE
STREET ADDRESS	1003 E ALTAMONTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	4.4 CITY-ST-ZIP	
TITLE	D SHANKS, ALENA	5.1 TITLE	☐ Change ☐ Addition
NAME	SHANKS, ALENA	5.2 NAME	
STREET ADDRESS	1003 E ALTAMONTE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED

Bryan Shanks President

8-24-99 407-831-1099
Date Daytime Phone #

CR2E034 (5/99)