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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039439

SALON BROOKS, INC.

Principal Place of Business

_____04-29-1999 90125 006 ***150.00

FILED

Apr 29, 1999 8:00 am Secretary of State

Principal P ace of Business Mailing Address 125 SUZANNE AVE 125 SUZANNE AVE ORANGE PARK FL 32073 ORANGE PARK FL 32073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/29/1998 2a. Mailing Address 4; FEI Number Apriled For Principal Place of Business 35 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Cour try This corporation owes the current year intangible Νο Persor at Property Tax. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROOKS, LARRY W Street Acdress (P.O. Box Number is Not Acceptable) 125 SUZANNE AVE ORANGE PARK FL 32073 83 Zip Code

11. Pursuant to the provisions of Sc ctions 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 cirectors. 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 (NOTi: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. ☐ Addition DELETE ☐ Change 1.1 TITLE TITLE **PSD** NAME Brooks, Larry W 12 NAME 125 SUZANNE AVE 1.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE VTD Brooks, Robin D 2.2 NAME NAME 125 SUZANNE AVE 2.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Change Addition □ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 supplemental ε nnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I ε m an officer or director of the corporation or the receiver or trustee empowered to execute this report are quirted by Chapter 607. Florida Statutes; and that my name appears in

SIGNATURE:

RINTED NAME OF SIGNING OFFICES OF DIRECTOR BRODIES

2/20/99 (901)272276

CR2E034 (11/98)