

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538049

Entity Name: SALLY INDUSTRIES, INC.**Current Principal Place of Business:**745 W FORSYTH ST
ATTN: JOHN H. WOOD
JACKSONVILLE, FL 32204**Current Mailing Address:**745 W FORSYTH ST
JACKSONVILLE, FL 32204 US**FEI Number:** 59-1788625**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOOD, JOHN
745 W FORSYTH ST
JACKSONVILLE, FL 32204 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOHN WOOD**02/21/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title STVD
Name COLEMAN, WILLIAM
Address 745 W FORSYTH ST
City-State-Zip: JAX FL 32204Title DIRECTOR
Name KELLEY, HOWARD
Address 745 W FORSYTH ST
City-State-Zip: JACKSONVILLE FL 32204Title CDP
Name WOOD, JOHN H.
Address 745 W FORSYTH ST
City-State-Zip: JACKSONVILLE FL 32204Title D
Name HOUSTON, CLANCY
Address 745 W. FORSYTH STREET
City-State-Zip: JACKSONVILLE FL 32204Title DIRECTOR
Name WAGES, TOM
Address 745 W FORSYTH ST
City-State-Zip: JACKSONVILLE FL 32204Title DIRECTOR
Name GILLRUP, TODD
Address 745 W FORSYTH ST
City-State-Zip: JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM O COLEMAN**CFO****02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date