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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K98387** (9)
 1. Corporation Name
TALK OF THE TOWN SALON, INC.



Principal Place of Business
85 NW FIRST AVE
HIGH SPRINGS FL 32643

Mailing Address
~~85 NW FIRST AVE~~ **PO Box 1926**
HIGH SPRINGS FL 32655
 US

3. Date Incorporated or Qualified **06/27/1989** 3a. Date of Last Report **04/24/1996**

4. FEI Number **59-2956011** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address
PO BOX 1926 (85 NW 1st Ave)

27 Suite, Apt. #, etc.

28 City & State
HIGH SPRINGS FL

29 Zip Country
32655

9. Name and Address of Current Registered Agent

HUNT, ANTOINETTE ISABELLA
~~85 NW FIRST AVE~~ **PO Box 1926 (85 NW 1st Ave)**
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPS	<input type="checkbox"/>
NAME	HUNT, CLAYTON RANDOLPH	
STREET ADDRESS	RT 2 BOX 437	
CITY-ST-ZIP	ALACHUA FL	
TITLE	DVT	<input type="checkbox"/>
NAME	HUNT, ANTOINETTE I	
STREET ADDRESS	RT 2 BOX 437	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	V. PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	HUNT CLAYTON R.		
1.3 STREET ADDRESS	10431 NW 234 ST.		
1.4 CITY-ST-ZIP	ALACHUA FL 32615		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ANTOINETTE HUNT		
2.3 STREET ADDRESS	10431 NW 234 ST.		
2.4 CITY-ST-ZIP	ALACHUA FL 32615		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: Antoinette I. Hunt - Pres. 4/23/97 904 454 4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)