

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra S. Marchant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M86616

(3)

1. Corporation Name

STYLE TREND HAIRCUTTERS, INC.



Principal Place of Business

P.O. BOX 156
SUNNYSIDE FL 32461

Mailing Address

P.O. BOX 156
SUNNYSIDE FL 32461

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., etc.

26

Suite, Apt., etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

MCDANIELS, JAMES E.
30-A, RT 2, UNIT 102
SEAGROVE BEACH FL 32459

3. Date Incorporated or Qualified
06/23/1988

3a. Date of Last Report
03/29/1995

4. FEI Number
59-2900612

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

10. Name and Address of New Registered Agent

81

Name

McDaniel, James E

82

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

448 W. Park Place Ave.

83

84

City

Panama City Beach

FL

85 Zip Code

32413

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

V

☐ DELETE

NAME

WATSON, NANCY
17462 FRONT BEACH RD
PANAMA CITY BEACH FL

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

P

☐ DELETE

NAME

MCDANIELS, JAMES EDWARD
P. O. BOX 156 N/A
SUNNYSIDE FL

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do hereby 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 this corporation; and that the person or persons 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 signed in agreement with an address.

SIGNATURE:

James E. McDaniel James E. McDaniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 03, 1996

964-231-4285
Duluth, Florida

CR2E034 (12/95)