

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000039208 (2)**

95 MAY -1 AM 10:39

1. Corporation Name:

BYRDFINGERS HAIR DESIGNS, INC.

CORPORATION STATE
OCALA, FLORIDA

Principal Place of Business:

10471 SE HWY 441
BELLEVUE FL 34420

Mailing Address:

10471 SE HWY 441
BELLEVUE FL 34420

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
05/26/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FEI Number
59-3186905

Applied For
Not Applicable

State, Apt. #, etc.

22

State, Apt. #, etc.

27

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

City & State

23

City & State

28

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

Zip

Country

24

25

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

**BYRD, JOANN
2840 SW 162ND LANE
OCALA FL 34473**

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 607.05(2) 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 607.050, Florida Statutes.

SIGNATURE

Joann Byrd *President*

4/30/95

12. OFFICERS AND DIRECTORS

11.1 TITLE: **PSTD**
11.2 NAME: **BYRD, JOANN**
11.3 STREET ADDRESS: **2840 SW 162ND LANE**
11.4 CITY - ST - ZIP: **OCALA FL 34473**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY - ST - ZIP:

11.1 TITLE:
11.2 NAME:
11.3 STREET ADDRESS:
11.4 CITY - ST - ZIP:

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY - ST - ZIP:

11.1 TITLE:
11.2 NAME:
11.3 STREET ADDRESS:
11.4 CITY - ST - ZIP:

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY - ST - ZIP:

11.1 TITLE:
11.2 NAME:
11.3 STREET ADDRESS:
11.4 CITY - ST - ZIP:

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY - ST - ZIP:

11.1 TITLE:
11.2 NAME:
11.3 STREET ADDRESS:
11.4 CITY - ST - ZIP:

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY - ST - ZIP:

11.1 TITLE:
11.2 NAME:
11.3 STREET ADDRESS:
11.4 CITY - ST - ZIP:

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 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 indicated in Section 119.07(3)(A), 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. 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:

Joann Byrd

4/30/95

904 347-6420

PRINT NAME AND TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR

Date

Telephone #