SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000032962 (0)**

1. Corporation Name
FREESTYLE HAIR DESIGN, INC.

Principal Place of Business	Mailing Address
2221 S PINE UNIT C OCALA FL 34471	~~829 N.E. 15TH AVE.~~ ~~OCALA FL 34470~~

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-3242277 ☐ 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	2a. Mailing Address
21	26 2221 S. PINE AVE
Suite, Apt. #, etc 22 C	Suite, Apt. #, etc 27
City & State 23 OCALA FL.	City & State 28
Zip 24 34471	Country 25 US
Zip 29	Country 30

9. Name and Address of Current Registered Agent

~~FINN, LISA M~~
~~829 NE 15TH AVE~~
~~OCALA FL 34470~~

10. Name and Address of New Registered Agent

81 Name: KENNETH E. LAVIGNE
82 Street Address (P.O. Box Number is Not Acceptable): 2901 SW 41st ST #2908
83
84 City: OCALA FL 85 Zip Code: 34474

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: KENNETH E. LAVIGNE PRES K.E. LaVigne 7/25/96
Signature, type or printed name of registered agent and the capacity or title (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		☐ DELETE		☑ Change ☐ Addition
TITLE	PD		11 TITLE	
NAME	LAVIGNE, KENNETH E		12 NAME	
STREET ADDRESS	~~41747 CHERRY HILL~~		13 STREET ADDRESS	2901 SW 41st St. #2908
CITY-ST-ZIP	NOVI MI 48375		14 CITY-ST-ZIP	OCALA FL. 34474
		☐ DELETE		☒ Change ☐ Addition
TITLE	VDST		21 TITLE	
NAME	FINN, LISA MARIE		22 NAME	
STREET ADDRESS	~~829 N.E. 15TH AVE.~~		23 STREET ADDRESS	4779 SE 34th Ter.
CITY-ST-ZIP	~~OCALA FL 34470~~		24 CITY-ST-ZIP	OCALA FL. 34480
		☐ DELETE		☐ Change ☐ Addition
TITLE			31 TITLE	
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
		☐ DELETE		☐ Change ☐ Addition
TITLE			41 TITLE	
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
		☐ DELETE		☐ Change ☐ Addition
TITLE			51 TITLE	
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
		☐ DELETE		☐ Change ☐ Addition
TITLE			61 TITLE	
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K.E. LaVigne K.E. LAVIGNE PD 8/4/96 352-620-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174589 FP