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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000077164**

1. Corporation Name
EMERALD COAST HAIRCARE, INC.

Principal Place of Business
9851 THOMAS DR. SUITE 108
PANAMA CITY FL 32408

Mailing Address
9851 THOMAS DR. SUITE 108
PANAMA CITY FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/02/1995

2. Principal Place of Business
21 422 Deep Forest Lane
22 Suite, Apt. #, etc.
23 City & State: Panama City Beach, FL
24 Zip: 32408 25 Country: USA

2a. Mailing Address
26 422 Deep Forest Lane
27 Suite, Apt. #, etc.
28 City & State: Panama City Beach, FL
29 Zip: 32408 30 Country: USA

4. FEI Number: 59-3340309 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLAAT, DAVID L
9851 THOMAS DR, SUITE 108
PANAMA CITY FL 32408

10. Name and Address of New Registered Agent

81 Name: Daniel O. Flaat
82 Street Address (P.O. Box Number is Not Acceptable): 422 Deep Forest Lane
83
84 City: Panama City Beach FL 85 Zip Code: 32408

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: Daniel O. Flaat, President 2/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLAAT, DANIEL O<br>9851 THOMAS DR, SUITE 108<br>PANAMA CITY FL 32408 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLAAT, MICHELLE M<br>9851 THOMAS DR, SUITE 108<br>PANAMA CITY FL 32408 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLAAT, DAVID L<br>9851 THOMAS DR, SUITE 108<br>PANAMA CITY FL 32408 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLAAT, LINDA M<br>9851 THOMAS DR, SUITE 108<br>PANAMA CITY FL 32408 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

14. I 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Daniel O. Flaat 2/9/99 850/230-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)