

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S27076** (6)

1. Corporation Name

THE HAIRCUTTING COMPANY



Principal Place of Business

**231 CENTRAL AVE.
ST. PETERSBURG FL 33701**

Mailing Address

**231 CENTRAL AVE.
ST. PETERSBURG FL 33701**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**ROWE, JAMES C.
100 2ND AVE. SO.
SUITE 400
ST. PETERSBURG FL 33701**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
01/23/1991

3a. Date of Last Report
04/17/1995

4. FEI Number

59-3045805

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

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

Signature of person authorized to change registered office and agent

Signature of Registered Agent (if not the same person as above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	TURNER, YVONNE ALLEN	
STREET ADDRESS	5801 49TH AVE. NORTH	
CITY-ST-ZIP	KENNETH CITY FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP	Change	Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP	Change	Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP	Change	Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP	Change	Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP	Change	Addition

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

SIGNATURE: **YVONNE K. TURNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yvonne K. Turner Jan 24 96

Corporate Phone #

CR2E034 (12/95)