

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 # L88040 (5)

1. Corporation Name

H.L.P.R. HAIRSTYLING, INC.



Principal Place of Business

Mailing Address

% A. PAUL ST. AMANT
13719 WALSINGHAM ROAD
LARGO FL 34644

% A. PAUL ST. AMANT
13721 WALSINGHAM ROAD
LARGO FL 34644

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

12/13/1995

2. Principal Place of Business

2a. Mailing Address

21 13721 Walsingham Road

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27

City & State

23 Zip

Country

28

City & State

24 Zip

Country

29

City & State

34774

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. AMANT, A. PAUL
13719 WALSINGHAM ROAD
LARGO FL 34644

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 607.0502 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 type for printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ST. AMANT, A. PAUL
STREET ADDRESS 12323 145TH LANE NORTH
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE
NAME THIBODEAU, HENRY R.
STREET ADDRESS 12323 145TH LANE NORTH
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE
NAME PETERS, LAURA
STREET ADDRESS 13719 WALSINGHAM RD.
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE
NAME PAPINEAU, RAYMOND
STREET ADDRESS 13719 WALSINGHAM RD.
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

A. P. St. Amant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

813-596-0049

CR2E034 (3/96)