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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 441190 (6)

1. Corporation Name

THE VILLAGE BEAUTY SHOPPE, INC.

Principal Place of Business

6840 GULF OF MEXICO DRIVE
WHITNEY BEACH SEAVIEW CNT
LONGBOAT KEY FL 34228

Mailing Address

6840 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-1334
US



3. Date Incorporated or Qualified

01/01/1974

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1500687

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

9. Name and Address of Current Registered Agent

CHAPIN, SAMUEL D.
6600 BAYOU HAMMOCK RD.
LONGBOAT KEY FL 34228

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 607.0502 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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PDT | <input type="checkbox"/> DELETE |
| NAME | CHAPIN, SAMUEL D | |
| STREET ADDRESS | 6600 BAYOU HAMMOCK RD | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHAPIN, SCOTT L | |
| STREET ADDRESS | 2702 67TH ST WEST | |
| CITY-ST-ZIP | BRADENTON, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHAPIN, SAMUEL D, JR | |
| STREET ADDRESS | 908 62ND ST, CT WEST | |
| CITY-ST-ZIP | BRADENTON, FL 00000 | |
| TITLE | VDS | <input type="checkbox"/> DELETE |
| NAME | CHAPIN, BARBARA J | |
| STREET ADDRESS | 6600 BAYOU HAMMOCK RD | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | assistant treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Same |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel D. Chapin
Samuel D. Chapin
Date 2-17-97 Daytime Phone # 941-723-1241

CR2E034 (9/96)