**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 # **638198** **(2)**

1. Corporation Name

**HAIR DIMENSIONS OF VENICE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1035 S. BY-PASS<br>VENICE FL 34292 | 1035 S. BY-PASS<br>VENICE FL 34292 |

3. Date Incorporated or Qualified: **10/02/1979**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-1939818** ☐ 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

**HINES, RALPH E, JR**
**1035 S. BY-PASS**
**VENICE FL 34292**

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 607.1503, 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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VTD | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HINES, KAY E | | 12 NAME | |
| STREET ADDRESS | 221 SORRENTO RANCHES DR | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | NOKOMIS, FL 00000 | | 14 CITY ST ZIP | |
| TITLE | PSD | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HINES, RALPH E JR | | 22 NAME | |
| STREET ADDRESS | 221 SORRENTO RANCHES DR | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | NOKOMIS, FL 00000 | | 24 CITY ST ZIP | |
| TITLE | | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY ST ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY ST ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY ST ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is true and accurate; 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 added, above.

**SIGNATURE:** *Ralph E. Hines Jr.* *4/27/96* *941 485-0227*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)