

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # H21669

(7)

1. Corporation Name

NEW SPIRIT HAIR DESIGN, INC.

Principal Place of Business

% DORIS C. HERBERT
~~1715 PERMINKLE WAY~~
SANIBEL FL 33957

Mailing Address

% DORIS C. HERBERT
~~1715 PERMINKLE WAY~~
SANIBEL FL 33957-4304

2. Principal Place of Business

21 630 TARPON BAY RD.

22 SUITE 6

23 SANIBEL, FL

24 33957 25 USA

2a. Mailing Address

26 630 TARPON BAY RD.

27 SUITE 6

28 SANIBEL, FL

29 33957 30 USA

3. Date Incorporated or Qualified
09/19/1984

3a. Date of Last Report
04/24/1996

4. FEI Number
59-2374727

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

HERBERT, DORIS C.
~~1715 PERMINKLE WAY~~
SANIBEL FL

10. Name and Address of New Registered Agent

81 Name HERBERT, DORIS C. (NO CHANGE)
82 Street Address (P.O. Box Number is Not Acceptable)
630 TARPON BAY RD.
83 SUITE 6
84 City SANIBEL FL 85 Zip Code 33957

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 PTD
NAME HERBERT, DORIS C.
STREET ADDRESS 25200 GOLDCREST DR 523
CITY-ST-ZIP BONITA SPRINGS FL

TITLE SVD
NAME HERBERT, THOMAS M.
STREET ADDRESS 25200 GOLDCREST DR 523
CITY-ST-ZIP BONITA SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 21P = 34134

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 21P = 34134

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

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

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

6.1 TITLE
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] DATE 4/21/97 (941) 334-4211

CR2E034 (9/96)