

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 AM 11:54

DOCUMENT # H42138

(8)

1. Corporation Name

MEGATRENDS HAIR DESIGNS, INC.

Principal Place of Business

4785 NORTH 9TH AVE.  
\*SUITE 13-D  
PENSACOLA FL 32503

Mailing Address

4785 N. 9TH AVENUE  
\*SUITE 13-D  
PENSACOLA FL 32503  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2489049

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

2. Principal Place of Business

21 4785 N. 9th Ave

Suite, Apt. #, etc.

22 N/A

City & State

23 PENSACOLA FL

Zip

24 32503

Country

25

2a. Mailing Address

26 4785 N. 9th Avenue

Suite, Apt. #, etc.

27 N/A

City & State

28 PENSACOLA FL

Zip

29 32503

Country

30

9. Name and Address of Current Registered Agent

WINDHAM, MICHAEL N.  
5804 MULDOON ROAD  
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name

Windham Michael N.

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

926 E. Lloyd

83

84

City

PENSACOLA

FL

85 Zip Code

32503

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 this if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |
|-----------------|---------------------|
| TITLE           | PT                  |
| NAME            | WINDHAM, MICHAEL N. |
| STREET ADDRESS  | 926 EAST LLOYD      |
| CITY - ST - ZIP | PENSACOLA FL        |
| TITLE           | VS                  |
| NAME            | WINDHAM, GRACY      |
| STREET ADDRESS  | 926 EAST LLOYD      |
| CITY - ST - ZIP | PENSACOLA FL        |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Michael Windham Michael Windham 3-21-95 908-484-9064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR