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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H52802

(6)

HAIRWORKS & ASSOCIATES, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4182 CR 218 WEST 4182 CR 218 WEST MIDDLEBURG FL 32068 MIDDLEBURG FL 32088 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-2523080 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζφ Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JONES, TERRANCE A. (ESQ) 81 Name 769 BLANDING BLVD Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32065** 83 64 City 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition PADGETT, BONNY W. NAME 1.2 NAME 4182 CR 218 WEST STREET ADDRESS 1.3 STREET ADDRESS MIDDLEBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DS DE1.ETE T(T) F 21 TITLE Change Addition PADGETT, BRENDA G. NAM 2.2 NAME 4182 CR 218 WEST STREET ADDRESS 2.3 STREET ADDRESS MIDDLEBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP OFLETE. TITLE 3.1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP ☐ DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

14. I 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 cocioiver or trusted 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

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