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 # H93270 (7)

1. Corporation Name

GULF COAST HAIR CARE, INC.

Principal Place of Business

429 SO TYNDALL PKWY
STE O
PANAMA CITY FL 32401
US

Mailing Address

429 SO TYNDALL PKWY
STE O
PANAMA CITY FL 32401
US

2. Principal Place of Business

21 9851 Thomas Drive
Suite, Apt. #, etc.
22 Suite 108
City & State
23 Panama City Bch, FL
Zip 24 32408 Country 25 Bay

2a. Mailing Address

26 9851 Thomas Drive
Suite, Apt. #, etc.
27 Suite 108
City & State
28 Panama City Bch, FL
Zip 29 32408 Country 30 Bay

3. Date Incorporated or Qualified: 12/24/1985

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2638700 ☐ 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

FLAAT, DAVID LOWELL
6111 STEPHANIE DRIVE
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name: Flaat, David Lowell
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 28206~~
83
84 City: Panama City FL 85 Zip Code: 32411-8206

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FLAAT, DAVID LOWELL	
STREET ADDRESS	6111 STEPHANIE DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	☐ DELETE
NAME	FLAAT, LINDA MARIE	
STREET ADDRESS	6111 STEPHANIE DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	Flaat, David Lowell	
1.3 STREET ADDRESS	P.O. Box 28206	
1.4 CITY-ST-ZIP	~~Panama City, FL 32411-8206~~	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	Flaat, Linda Marie	
2.3 STREET ADDRESS	P.O. Box 28206	
2.4 CITY-ST-ZIP	Panama City, FL 32411-8206	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 119.07(3)(k), 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: Linda M. Flaat — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-17-96 Daytime Phone #: 1-904-234-7697

CR2E034 (12/95)