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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J06727 (8)
1. Corporation Name
KATHI'S HAIR AFFAIR, INC.

Principal Place of Business

% KATHLEEN E. BOURBON
5442 S. SUNCOAST BLVD.
HOMOSASSA FL 32646

Mailing Address

5457 S. OAKRIDGE DRIVE
5442 S. SUNCOAST BLVD.
HOMOSASSA FL 32646
US

2. Principal Place of Business

21 5457 S OAKRIDGE DR

Suite, Apt. #, etc.

22 City & State

23 HOMOSASSA FL

Zip

24 34446

Country

25 CITRUS

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 FL

Zip

29 34446

Country

30 CITRUS

9. Name and Address of Current Registered Agent

BOURBON, KATHLEEN E.
5442 S. SUNCOAST BLVD.
HOMOSASSA FL 32646

3. Date Incorporated or Qualified

03/28/1986

4. FEI Number

59-2669211

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

5457 OAKRIDGE DRIVE

84 City

HOMOSASSA

State

FL

85 Zip Code

34446

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 ☐ DELETE

NAME
VP
BOURBON, KATHLEEN E.
STREET ADDRESS
5442 S. SUNCOAST BLVD.
CITY-ST-ZIP
HOMOSASSA FL

TITLE ☐ DELETE

NAME
P
BOURBON, RICHARD J.
STREET ADDRESS
5442 S. SUNCOAST BLVD.
CITY-ST-ZIP
HOMOSASSA 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

TITLE ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

5457 OAKRIDGE DR.

☒ Change ☐ Addition

5457 OAKRIDGE DR.

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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 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

P. E. M. M. M.

2. 1998

3. 1998

CR2E034 (10/97)