FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10: 33

DOCUMENT # J25900 (8)

1. Corporation Name
EXPRESSIONS IN HAIR, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21458 ST. PETERSBURG FL 33742	P.O. BOX 21458 ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 8435 4TH ST N.
Suite, Apt. #, etc.
23 ST. Petersburg FL
Zip 24 33702 Country 25

2a. Mailing Address
26 8435 4TH ST N.
Suite, Apt. #, etc. 27
City & State 28 St. Petersburg
Zip 29 33702 Country 30

3. Date Incorporated or Qualified: 07/28/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3082523 ☐ 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

STUFFLEBEAM, MICHEAL W.
6801 GEORGE M LYNCH DRIVE
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	EDWARDS, JANET LEE	1.2 NAME	CynDA Biggs
STREET ADDRESS	1381 49TH AVE. N.E.	1.3 STREET ADDRESS	6672 69TH Ave N.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	Pinellas PARK FL 34665
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	TAYLOR, LAURA L.	2.2 NAME	Richard Biggs
STREET ADDRESS	3801 27TH AVE N.	2.3 STREET ADDRESS	6672 69th Ave N.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Pinellas PARK FL 34665
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	LAPORTE, KATHRYN A.	3.2 NAME	Richard Biggs
STREET ADDRESS	5000 33RD AVE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	treasurer ☒ Change ☐ Addition
NAME		4.2 NAME	CynDA Biggs
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: CynDA Biggs CynDA BIGGS 2-1-95 813 577-5287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446522 FP