

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 # J25900 (8)

1. Corporation Name

EXPRESSIONS IN HAIR, INC.



Principal Place of Business

8435 4TH ST N
ST. PETERSBURG FL 33702
US

Mailing Address

8435 4TH ST N
ST. PETERSBURG FL 33702
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

CYNDA BIGGS

82

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

6672 69TH AVE N

83

City

PINELLAS PARK

84

City

FL

85

Zip Code

34665

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

CYNDA B. BIGGS

Signature typed or printed name of registered agent, and title of agent (delete)

(NOTE: Registered Agent signature required by law. Attach)

CYNDA BIGGS

4-1-96

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE P ☐ DELETE

NAME BIGGS, CYNDA
STREET ADDRESS 6672 69TH AVE N
CITY-STATE-ZIP PINELLAS PARK FL

1.2 TITLE V ☐ DELETE

NAME BIGGS, RICHARD
STREET ADDRESS 6672 69TH AVE N
CITY-STATE-ZIP PINELLAS PARK FL

1.3 TITLE S ☐ DELETE

NAME BIGGS, RICHARD
STREET ADDRESS 5000 33RD AVE NORTH
CITY-STATE-ZIP ST PETERSBURG FL

1.4 TITLE T ☐ DELETE

NAME BIGGS, CYNDA
STREET ADDRESS 6672 69TH AVE NORTH
CITY-STATE-ZIP PINELLAS PARK FL

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: CYNDA BIGGS

CYNDA BIGGS

Signature typed or printed name of signing officer or director

4-1-96 (813) 577-5989

Date

Daytime Phone

CR2E034 (12/95)