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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90055 040 \*\*\*150.00

NON-PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J46591

1. Corporation Name

THE HAIR SHOPPE OF NORTH FORT MYERS, INC.

Principal Place of Business

13971 N CLEVELAND AVE #23  
UNITED PLAZA  
NORTH FT. MYERS FL 33903

Mailing Address

13971 N CLEVELAND AVE #23  
UNITED PLAZA  
NORTH FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1986

4. FEI Number

59-2765890

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 the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DUKES, DEBORAH K.  
5854 MILLAY COURT  
NORTH FT. MYERS FL 33903

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 DEBORAH K. DUKES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DUKES, DEBORAH K.  
STREET ADDRESS 5854 MILLAY COURT  
CITY-ST-ZIP NO. FT MYERS FL

TITLE V ☐ DELETE

NAME DUKES, JEFFREY  
STREET ADDRESS ~~5854 MILLAY CT~~  
CITY-ST-ZIP N FT MYERS FL

TITLE S ☐ DELETE

NAME JOHNSON, THOMAS W  
STREET ADDRESS ~~5854 MILLAY CT~~  
CITY-ST-ZIP N FT MYERS FL

TITLE T ☐ DELETE

NAME DUKES, SHANNON  
STREET ADDRESS 5854 MILLAY CT  
CITY-ST-ZIP N FT MYERS FL

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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Date

941-995-4393

Daytime Phone #

CR2E034 (1/98)