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95 MAY -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # J51194 (5)

1. Corporation Name
RESORT HAIR, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 700A MAXMEADOWS VA 24360	RT. 1 BOX 700A MAXMEADOWS VA 24360

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1987
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 13411 Starfish Dr
22 Suite, Apt. #, etc
23 City & State: Hudson, Fla
24 Zip: 34667
25 Country: U.S.A

2a. Mailing Address
26 13411 Starfish Dr
27 Suite, Apt. #, etc
28 City & State: Hudson, Fla
29 Zip: 34667
30 Country: U.S.A

4. FEI Number: 65-0030873 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRACEWELL-CHAPPELL, ROXANNE M.
C/O PETER CHAPPELL
1 OAKWOOD DR
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name: Bracewell-Chappell, Roxanne M.
82 Street Address (P.O. Box Number is Not Acceptable): 13411 Starfish Drive
83
84 City: Hudson, Fla
FL
85 Zip Code: 34667

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: Roxanne M. Bracewell Chappell — Roxanne M. Bracewell Chappell — 5/1/95
Signature, typed or printed name of registered agent and title, if applicable — (attach Registered Agent signature request when necessary) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	BRACEWELL, MICHAEL	12 NAME	
STREET ADDRESS	RT. 1 BOX 700A	13 STREET ADDRESS	
CITY ST ZIP	MAXMEADOWS VA	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Roxanne M. Bracewell — Roxanne M. Bracewell — 3/25/95 — (813) 862-4215
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

848-0530