

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Samuel B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J51194** (5)

1. Corporation Name:

RESORT HAIR, INC.



Principal Place of Business

**13411 STARFISH DR
HUDSON FL 34667
US**

Mailing Address

**13411 STARFISH DR.
HUDSON FL 34667
US**

2. Principal Place of Business

21

State, Apt. No., etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

State, Apt. No., etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
01/05/1987

3a. Date of Last Report
05/01/1995

4. FLE Number
65-0030873

Applied For
Not Applicable

5. Corporate 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

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 607.07(1) and 607.08(1), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in accordance with the provisions of said sections, and hereby accepts the appointment as registered agent. I am familiar with, and accept the provisions of, Sections 607.07(1) and 607.08(1), Florida Statutes.

SIGNATURE

[Signature]

12. OFFICERS AND DIRECTORS

TITLE

S

NAME

BRACEWELL, MICHAEL

STREET ADDRESS

RT. 1 BOX 700A

CITY, ST, ZIP

MAXMEADOWS VA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, signed, or amended as indicated.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. NAME

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

4/17/96

(813) 862-4215

CR2E034 (12/95)