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 # **J52475** **(7)**

1. Corporation Name

WILDHAIR, INC.

Principal Place of Business	Mailing Address
5418 COTTON ST P.O. BOX 506 GRACEVILLE FL 32440	5418 COTTON ST P.O. BOX 506 GRACEVILLE FL 32440

3. Date Incorporated or Qualified: **01/15/1987**
3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2754587** ☐ 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

FOWLER, MARK S.
~~343 COMPASS LAKE DR.~~
~~ALFORD FL 32440~~

10. Name and Address of New Registered Agent

81 Name: FOWLER, MARK S.
82 Street Address (P.O. Box Number is Not Acceptable): 5090 CHEYENNE DRIVE
83
84 City: GRACEVILLE, FL 85 Zip Code: 32440

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 _____
(NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	FOWLER, MARK		12 NAME	
STREET ADDRESS	~~343 COMPASS LAKE DR.~~		13 STREET ADDRESS	5090 CHEYENNE DRIVE
CITY-ST-ZIP	~~ALFORD FL~~		14 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DS	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	FOWLER, DENISE		22 NAME	
STREET ADDRESS	~~343 COMPASS LAKE DR.~~		23 STREET ADDRESS	5090 CHEYENNE DRIVE
CITY-ST-ZIP	~~ALFORD FL~~		24 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DV	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BAUMGARDNER, RICK		32 NAME	
STREET ADDRESS	RT2 BOX 334 UNDERWOOD RD		33 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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: _____ (904) 263-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK S. FOWLER

CR2E034 (12/95)