FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J98210** **(4)**

1. Corporation Name
BILLY'S HAIR DESIGN & WIGS, INC.

Principal Place of Business	Mailing Address
107 EGLIN PARKWAY, S.E. FORT WALTON BEACH FL 32548	107 EGLIN PARKWAY, S.E. FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 107 Eglin Pkwy	26 107 Eglin Pkwy
Suite, Apt. #, etc. 22 Fort Walton Beach	Suite, Apt. #, etc. 27 Fort Walton Bch
City & State 23 Florida OKLAHOOSA	City & State 28 Florida
Zip / Country 24 32548 / 25	Zip / Country 29 32548 / 30 OKLAHOOSA

4. FEI Number: 59-2852846 ☐ 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	10. Name and Address of New Registered Agent
STICHLER, WILLIAM M. 520 SHREWSBURY ROAD MARY ESTHER FL 32560 Address CHANGE ONLY	81 Name: William M. Stichler 82 Street Address (P.O. Box Number is Not Acceptable): 119 2nd STREET 83 Fort Walton Bch 84 City: Florida FL 85 Zip Code: 32548

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STICHLER, WILLIAM M.	12 NAME	
STREET ADDRESS	~~111 ROBINWOOD DRIVE N.W.~~ 119 2nd St	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	STICHLER, ALBERTA L.	22 NAME	
STREET ADDRESS	~~101 GARDENIA COURT~~ 120 ALDEN DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, JANET L.	32 NAME	
STREET ADDRESS	120 ALDEN DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	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: Alberta L. Stichler — April 26, 1995 — 904-864-6060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERTA L. STICHLER

0398814 CP