

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90053 042 ***150.00

DOCUMENT # K46258

1. Corporation Name
HAIR MAGIC, INC.

Principal Place of Business
1606 1/2 HAVENDALE BLVD
WINTER HAVEN FL 33881-1283
US

Mailing Address
1606 1/2 HAVENDALE BLVD
WINTER HAVEN FL 33881-1283
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1988

4. FEI Number
59-2917585

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

STEPHENSON, GLENDA
408 WINTER RIDGE BLVD
WINTER HAVEN FL 33881-5805

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 *Glenda Stephenson* To remain the same D. Stephenson 1-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS
CITY-ST-ZIP
STEPHENSON, GLENDA
408 WINTER RIDGE BLVD
WINTER HAVEN FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE Vice President
1.2 NAME Darrell E Barnham
1.3 STREET ADDRESS 108 S. Owen Circle
1.4 CITY-ST-ZIP Auburndale, FL 33823

2.1 TITLE Director
2.2 NAME Randy W. Stephenson
2.3 STREET ADDRESS 408 Winter Ridge Blvd
2.4 CITY-ST-ZIP Winter Haven, FL 33881

3.1 TITLE Director
3.2 NAME Brian C. Stephenson
3.3 STREET ADDRESS 408 Winter Ridge Blvd
3.4 CITY-ST-ZIP Winter Haven, FL 33881

4.1 TITLE Director
4.2 NAME Scott P. Stephenson
4.3 STREET ADDRESS 2178 21st St W.
4.4 CITY-ST-ZIP Winter Haven, FL 33881

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

Date

Daytime Phone #

941-299-5106

CR2E034 (11/98)