

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 1:52

DOCUMENT # L03169 (4)

1. Corporation Name

HAIR CHEVRON, INC.

Principal Place of Business

% MARK L. HAIR
3429 THOMASVILLE ROAD
TALLAHASSEE FL 32308

Mailing Address

% MARK L. HAIR
3429 THOMASVILLE ROAD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report

03/01/1989 01/13/1994

4. FEI Number Applied For
59-2958629 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

2. Principal Place of Business

21 1662 Capital Circle NW
Suite, Apt. #, etc.

2a. Mailing Address

26 1662 Capital Circle NW
Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

City & State

28 Tallahassee, FL

Zip

24 32303

Country

25 Leon

Zip

29 32303

Country

30 Leon

9. Name and Address of Current Registered Agent

HAIR, MARK L.
3429 THOMASVILLE ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1662 Capital Circle NW

83

84 City

Tallahassee

FL

85 Zip Code

32303

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

Mark L. Hair

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAIR, MARK L.
STREET ADDRESS	3429 THOMASVILLE RD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	HAIR, KELLY T.
STREET ADDRESS	3429 THOMASVILLE RD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1662 Capital Circle NW
1.4 CITY - ST - ZIP	Tallahassee FL 32303
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1662 Capital Circle NW
2.4 CITY - ST - ZIP	Tallahassee FL 32303
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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:

Mark L. Hair

1-24-95 (904) 574-1124

(Date) (Signature) (Fees)