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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000005849 (3)

1. Corporation Name  
KINGS LAKE HAIR DESIGN, INC.

Principal Place of Business

4824 DAVIS BLVD.  
NAPLES FL 33942

Mailing Address

4824 DAVIS BLVD.  
NAPLES FL 34104-5306



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25  
Name and Address of Current Registered Agent  
KRUECKEBERG, JOHN H  
4081 TAMiami TRAIL NO.  
SUITE C-105  
NAPLES FL 33940

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30  
Name and Address of New Registered Agent

3. Date Incorporated or Qualified  
01/20/1993

3a. Date of Last Report  
04/26/1996

4. FEI Number  
65-0382701

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

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 James L. Philbrick

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

92 Philbrick 4-26-97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COATES, LORI L  
STREET ADDRESS 1911 FAIRFAX  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME PHILBRICK, JIM  
STREET ADDRESS 149 MUIRFIELD CIRCLE  
CITY-ST-ZIP NAPLES FL 33962

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

James L. Philbrick

92 Philbrick 4-26-97

941 643 5584

CR2E034 (9/96)