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 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014461 (6)**

1. Corporate Name
THE HAIR SHANTY, INC.

Principal Place of Business	Mailing Address
306 SW 3 AVE OKEECHOBEE FL 34974	306 SW 3 AVE OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/19/1993**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0386192**	☐ 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 § 199.032, Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
(24) (25) / (29) (30)

9. Name and Address of Current Registered Agent

TEDDERS, RITA
306 SW 3 AVE
OKEECHOBEE FL 34974

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 (if changing registered agent, registered agent must sign) DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
21 TITLE	DST	21 TITLE	☐ Change ☐ Addition
22 NAME	TEDDERS, RITA	22 NAME	
23 STREET ADDRESS	3746 NW 19 AVE	23 STREET ADDRESS	
24 CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	
25 TITLE	P	25 TITLE	☐ Change ☐ Addition
26 NAME	~~3746 N.W. 19th Avenue~~	26 NAME	
27 STREET ADDRESS	OKEECHOBEE FL	27 STREET ADDRESS	
28 CITY-ST-ZIP		28 CITY-ST-ZIP	
29 TITLE		29 TITLE	☐ Change ☐ Addition
30 NAME		30 NAME	
31 STREET ADDRESS		31 STREET ADDRESS	
32 CITY-ST-ZIP		32 CITY-ST-ZIP	
33 TITLE		33 TITLE	☐ Change ☐ Addition
34 NAME		34 NAME	
35 STREET ADDRESS		35 STREET ADDRESS	
36 CITY-ST-ZIP		36 CITY-ST-ZIP	
37 TITLE		37 TITLE	☐ Change ☐ Addition
38 NAME		38 NAME	
39 STREET ADDRESS		39 STREET ADDRESS	
40 CITY-ST-ZIP		40 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Rita R. Tedders Sec/Tres 4-26-95 813-763-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number