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
1995 MAY -1 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93060041200

1. Corporation Name

FLORIDA ACADEMY OF HAIR DESIGN, INC.

Principal Place of Business / Mailing Address

38363 Highway 54 East; Zephyrhills, Fl 33540

3. Date Incorporated or Qualified: June 10, 1993
3a. Date of Last Report: 4-94

4. FEI Number: 59-3189472 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Same
22 Suite, Apt #, etc
23 City & State
24 Zip
25 County: Pasco

2a. Mailing Address
26 Same
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

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**

Georgia L. Osborne
38239 Pear Court
Zephyrhills, Fl. 33541

10. **Name and Address of New Registered Agent**

81 Name: NA
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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Georgia L. Osborne
STREET ADDRESS / CITY-ST-ZIP	38239 Pear Ct. Zephyrhills, Fl
TITLE	Secretary
NAME	Harry K. Osborne, JR.
STREET ADDRESS / CITY-ST-ZIP	38239 Pear Ct., Zephyrhills, Fl
TITLE	Treasurer
NAME	Ellen C. Wilson
STREET ADDRESS / CITY-ST-ZIP	36506 Lanigan Av. Dade City, 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

(11–64: TITLE, NAME, STREET ADDRESS, CITY ST ZIP; ☐ Change ☐ Addition — blank)

700001492537
-05/17/95--01180--020
****200.00 ****200.00

OLB
5-1-95

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)(k), 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: [signature] 4-27-95 813-782-7289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harry K. Osborne, Jr