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 JUL 25 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053465 (9)**

1. Entity Name

SARASOTA MAIN INVESTMENTS, INC.

Principal Place of Business

1991 MAIN ST
STE 183
SARASOTA FL 34236

Mailing Address

C/O J. BOB HUMPHRIES
P.O. BOX 1438
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1993**

3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

Zip — 24

County — 25

Zip — 29

Country — 30

4. FEI Number: ~~APPLIED FOR~~ 59-3193945 ☐ 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

9. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB
501 E KENNEDY BLVD
#1700
TAMPA FL 33602

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 Section 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits the 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PSTD STAPLES, JACK 1122 PARK STREET NORTH ST. PETERSBURG FL 33710	☐ Change ☐ Addition 900001547999 -07727/95--01076--016 ****225.00 ****225.00
AS HUMPHRIES, J. BOB 501 E KENNEDY BLVD #1700 TAMPA FL 33602	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition 1/25/95 LH
	☐ Change ☐ Addition

14. I declare I certify that the information supplied with this report is complete and that I do 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 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE: J. Bob Humphries, Assistant Secretary — 7/19/95 — (813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0302821 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 30 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13000053624

1. Corporate Name
Always A Pleasure Hair Designers, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Aug-1993
3a. Date of Last Report: 5-1-1994

2. Principal Place of Business
21 5833 margate Blvd
Suite Apt # etc 22
City & State 23 margate Fla.
Zip 24 33063 County 25 Broward

2a. Mailing Address
26 1805 N.W. 69 AV.
Suite Apt #, etc 27
City & State 28 Margate Fl.
Zip 29 33063 Country 30 Braward

4. FEI Number: 65-0427010 ☐ 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

9. Name and Address of Current Registered Agent
Stuart Howitt
7310 W. McNab Road
Tamarac, Fl. 33321

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7310 W McNab Rd
83
84 City Tamarac FL 85 Zip Code 33321

11. Pursuant to the provisions of Sections 607.0501 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 [signature] 7/4/95
(If changing Registered Agent, Registered Agent must sign) (If not changing Registered Agent, at least one officer must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Deborah R. Smalley 1805 N.W. 69 AV. margate, Fl. 33063	01 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500001545965 -07/25/95--01116--022 ****200.00 ****200.00
02 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner James M Smalley 1805 N W. 69 AV. West Fl. 33063	02 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
03 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		03 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
04 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		04 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
05 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		05 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
06 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		06 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. To the best of my knowledge and belief, the information supplied with the filing is absolutely 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 correct 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 with an address.

SIGNATURE: Deborah R. Smalley Deborah R Smalley 5-1-95 305-772-7859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)