

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90091 031 ***150.00

DOCUMENT # P93000070513

1. Corporation Name

THE STRAND HAIR & NAILS, INC.

Principal Place of Business

27890 OLD 41 RD.
BONITA SPRINGS FL 34135
US

Mailing Address

27890 OLD 41 RD.
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

59-3197104

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 27420 Old 41 Road

2a. Mailing Address

26 27420 Old 41 Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bonita Springs FL

City & State

28 Bonita Springs FL

Zip

24 34135

Country

25 LEE

Zip

29 34135

Country

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYLES, JUDITH P
27890 OLD 41 RD.
BONITA SPRINGS FL 33923

81 Name RONDA LYLES LAWTON

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

27420 Old 41 Road

83 Bonita Springs FL 34135

84 City Bonita Springs FL 85 Zip Code 34135

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 *Ronda Lyles Lawton*
Signature, typed or printed name of registered agent and title if applicable.

RONDA LYLES LAWTON P
(NOTE: Registered Agent signature required when reinstating)

4-9-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME LYLES, JUDITH P
STREET ADDRESS 26845 LYLES ROAD
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE D ☐ DELETE
NAME LYLES, RONDA E
STREET ADDRESS 10101 SANDY-HOLLOW LANE
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE D ☒ DELETE
NAME BIBBEE, DILEAH J
STREET ADDRESS 11531 MCKENNA AVE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME RONDA LYLES LAWTON
2.3 STREET ADDRESS 27420 Old 41 Road
2.4 CITY-ST-ZIP Bonita Springs FL 34135

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 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, with all other like empowered.

SIGNATURE: *Ronda Lyles Lawton* PR: LYLES, DLAWTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99
Date

Daytime Phone #

CR2E034 (1/98)