

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079456 (8)

1. Corporation Name

HUNTINGTON'S HAIR & BEAUTY, INC.

Principal Place of Business

**1241 AIRPORT RD
NAPLES FL 33942**

Mailing Address

**1241 AIRPORT RD
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0455849

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

Zip

Country

Zip

Country

8. Does corporation have liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICKEL, GUDRUN M
350 FIFTH AVE S #200
NAPLES FL 33940**

81. Name

CONSTANCE HUNTINGTON

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

83.

1241 AIRPORT RD

84. City

NAPLES

FL

85. Zip Code

33942

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

Connie Huntington

(NOTE: Registered Agent signature required when re-registering)

DATE

4/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPS

NAME

HUNTINGTON, CONNIE

STREET ADDRESS

1241 AIRPORT RD

CITY - ST - ZIP

NAPLES FL 33942

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

DVT

NAME

HUNTINGTON, JAMES

STREET ADDRESS

1241 AIRPORT RD

CITY - ST - ZIP

NAPLES FL 33942

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 190.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Connie Huntington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

4/17/95