

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996-2096

B-0415

C

DOCUMENT # P93000079859 (3)

1. Corporation Name

HAIR ILLUSIONS ASSOCIATES, INCORPORATED



Principal Place of Business

Mailing Address

4400 HIGHWAY 20 E  
SUITE 309  
NICEVILLE FL 32578

4400 HIGHWAY 20 E  
SUITE 309  
NICEVILLE FL 32578

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

03/28/1995

4. FEI Number

59-3262597

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

LARSON, JOHN A  
4400 HIGHWAY 20 E  
SUITE 309  
NICEVILLE FL 32578

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

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PTD  
LARSON, JOHN A  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

TITLE ☐ DELETE

NAME  
VSD  
LARSON, PATRICIA E  
4400 HWY 20 E. #309  
NICEVILLE FL 32578

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: *John A. Larson* JOHN A. LARSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/96  
Date

(904) 897-4897  
Daytime Phone #

CR2E034 (12/95)