

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90204 012 ***150.00

DOCUMENT # P94000017216

1. Corporation Name

KNIGHT STYLISTS, INC.

Principal Place of Business

2736 UNIVERSITY BLVD. W. #4
JACKSONVILLE FL 32217

Mailing Address

2736 UNIVERSITY BLVD. W. #4
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

4. FEI Number

59-3229548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 2736 W. UNIVERSITY BLVD

2a. Mailing Address

26 2736 W. UNIVERSITY BLVD

Suite, Apt. #, etc.

22 #1

Suite, Apt. #, etc.

27 #1

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32217

Country

25 DUVAL

Zip

29 32217

Country

30 DUVAL

9. Name and Address of Current Registered Agent

KNIGHT, MICHAEL C SR
3792 CATHEDRAL OAKS PLACE SOUTH
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

KNIGHT, Michael C. JR.

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

3472 TURKEY OAKS DR W.

83

84

City JACKSONVILLE

FL

85 Zip Code

32217

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 title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

3-01-99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME KNIGHT, MICHAEL C SR
STREET ADDRESS 2736 UNIVERSITY BLVD. W. #4
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VP ☒ DELETE

NAME KNIGHT, MICHAEL JR.
STREET ADDRESS 2736 UNIVERSITY BLVD. W #4
CITY-ST-ZIP JACKSONVILLE 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME KNIGHT, Michael C. JR.
1.3 STREET ADDRESS 2736 W. UNIVERSITY BLVD #1
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-01-99

904-730-3329