

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000020126 (6)**

1. Corporation Name  
**MECHANICS FOR HAIR, INC.**



Principal Place of Business  
**2652 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

Mailing Address  
**2652 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified <b>03/11/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEIN number <b>59-3228609</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WILSON, LOUISE P  
2728 GREEN STREET  
JACKSONVILLE FL 32205**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0207 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0207 Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	<b>P</b> <b>WILSON, LOUISE</b> <b>2728 GREEN ST</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> CHANGE	
		<input type="checkbox"/> ADDITION	
		<input type="checkbox"/> CHANGE	
		<input type="checkbox"/> ADDITION	
		<input type="checkbox"/> CHANGE	
		<input type="checkbox"/> ADDITION	
		<input type="checkbox"/> CHANGE	
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		<input type="checkbox"/> CHANGE	
		<input type="checkbox"/> ADDITION	
		<input type="checkbox"/> CHANGE	
		<input type="checkbox"/> ADDITION	

14. I do hereby certify that the information furnished with this filing is true and correct, to the best of my knowledge and belief, 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 manager 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 of this report, or even after amendment.

SIGNATURE: *Louise Wilson* **Louise Wilson** 4.9.95 (904)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
396-4434

CR2E034 (12/95)