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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000023408 (5)

1. Corporation Name
K. C. TAYLOR HAIR DESIGN, INC.



Principal Place of Business
10911 N DALE MABRY HWY
TAMPA FL 33618

Mailing Address
10911 N DALE MABRY HWY
TAMPA FL 33618-4112

3. Date Incorporated or Qualified
03/22/1994

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3228441

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHURCH, KATHLEEN L
10911 N DALE MABRY HWY
TAMPA FL 33618

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 an individual and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Kathleen L. Church)

(NOTE: Registered Agent signature required when reinstating)

3/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	CHURCH, KATHLEEN L	10911 N DALE MABRY HWY	TAMPA FL 33618																

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 of this report on an attachment with an address.

SIGNATURE

(Signature of Kathleen L. Church)

3/4/97 (813) 265-4456

CR2E034 (9/96)