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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90070 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000057710

1. Corporation Name

TREND SETTERS HAIR SALON, INC.

Principal Place of Business

1601 W MARION AVE #104
PUNTA GORDA FL 33950

Mailing Address

1601 W MARION AVE #104
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

65-0528385

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOORE, JAMES E III
1625 W MARION AVE SUITE 2
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BOUDREAU, ROBERT
STREET ADDRESS
63 TROPICANA DRIVE
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
BOUDREAU, LISA M
STREET ADDRESS
63 TROPICANA DRIVE
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
BOUDREAU, JAMES E III
STREET ADDRESS
63 TROPICANA DRIVE
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
BOUDREAU, LISA M
STREET ADDRESS
63 TROPICANA DRIVE
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
BOUDREAU, JAMES E III
STREET ADDRESS
63 TROPICANA DRIVE
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
BOUDREAU, LISA M
STREET ADDRESS
63 TROPICANA DRIVE
CITY-ST-ZIP
PUNTA GORDA FL 33950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

SIGNATURE: *Lisa Boudreau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

941-637-8786

CR2E034 (11/98)