

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:30

DOCUMENT # P94000086728 (0)

1. Corporation Name

THE LOOK HAIR SALON, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1994
3a. Date of Last Report

2. Principal Place of Business 21 5808-3 Normandy Blvd. Suite, Apt. #, etc. 22 City & State 23 Jacksonville, Florida Zip 24 32205	2a. Mailing Address 26 5808-3 Normandy Blvd. Suite, Apt. #, etc. 27 City & State 28 Jacksonville, Florida Zip 29 32205	4. FEI Number 59-3298283 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent

COBURN, KIMBERLY G
1660 SOUTH LANE AVENUE STE-1
JACKSONVILLE FL 32210
5808-3 Normandy Blvd.
Jacksonville, FL 32205

10. Name and Address of New Registered Agent

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

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 of Agent (if different from registered agent and then if applicable)

Signature of Agent (signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PRESIDENT KIMBERLY G. COBURN 5808-3 NORMANDY BLVD. JACKSONVILLE FL 32205	1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP		2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP		3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP		4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information reflected 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

Kimberly G. Coburn KIMBERLY G. COBURN President 3/14/95 786-7519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR