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PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500002122 (6)

APPOLLO HAIR SYSTEMS OF PINELLAS COUNTY, INC.

Principal Place of Business Mailing Address 7713 ULMERTON RD. 7713 ULMERTON RD. LARGO FL 34641-4574 LARGO FL 34641-4574 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1995 2, Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3294842 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MACKES, THOMAS J 7713 ULMERTON RD. 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34641-4574 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 blie it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition TITLE 1.1 INUE MACKES, THOMAS J 1.2 NAME NAME 7713 ULMERTON RD. 1.3 STREET ADDRESS STREET ADDRESS 3377 LARGO FL 34641-4574 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2.1 11TLE NAME 2.2 NAME STREET ADDRESS 2.3 STREFT ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELFTE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIF DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP

64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 75 CITY STATE CONTROL OF THE CONT

61 TITLE

6.2 NAME

63 STREET ADDRESS

DELETE

SIGNATURE: Thomas Wacker (THAMAS J. MACKES) 1/7/98 (813)536-4247