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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000060812 (1)**

1. Corporation Name
SHA BANGZ HAIR SALON, INC.

Principal Place of Business	Mailing Address
4655 SALISBURY RD SUITE 390 JACKSONVILLE FL 32256	P.O. BOX 371 PONTE VEDRA BEACH FL 32004-0371

3. Date Incorporated or Qualified: 08/03/1995
3a. Date of Last Report: 08/23/1996
4. FEI Number: 59-3331111 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

	Principal Place of Business	Mailing Address
2. Principal Place of Business / 2a. Mailing Address		
21 / 26	4160 Southside BLVD	4160 Southside BLVD
Suite, Apt. #, etc. 22 / 27	Suite 1	Suite 1
City & State 23 / 28	Jacksonville FL	Jacksonville, FL
Zip 24 / 29	32216	32216
Country 25 / 30	Duval	Duval

9. Name and Address of Current Registered Agent

DILLINGHAM, PHILLIP I
4655 SALISBURY RD
SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Teresa Williams
82 Street Address (P.O. Box Number is Not Acceptable): 193 South Roscoe Blvd
83
84 City: Ponte Vedra Bch FL 85 Zip Code: 32082

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: Teresa Williams DATE
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

Type	P
Name	SHERBURME, WALTER R
Street Address	193 S. ROSCOE BLVD.
City-St-Zip	PONTE VEDRA FL 32082

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, V.P., S
1.2 NAME	Teresa Williams
1.3 STREET ADDRESS	193 South Roscoe Blvd
1.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082

☒ Change ☐ Addition

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

☐ Change ☐ Addition

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

☐ Change ☐ Addition

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

☐ Change ☐ Addition

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

☐ Change ☐ Addition

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change ☐ Addition

CR2E034 (9/96)

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 a director or officer 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: Teresa Williams 3/18/97 904-645-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018135