FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Hatherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

P95000084359 OK DOCUMENT # SUN-QUEST TANDING SALON INC.

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90150 002 ***150.00

Principal Place of Business	Maifing Address	NIN 77	لا ۵۰ د رئے ح	$\overline{\Box}$			
1440-33 DUNN			3 DumA				
300 T) 11 Sax			71. 32218				
Socksonville Floridg			3228	DO NOT WRITE IN THIS SPACE			7
32218				Date Incorporated or Qualifed			}
200				10/37/1995			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For	
21	26			59-3346129	N/	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional	
22				5. Certificate of Status Desired	Fee R	equired	
- City & State City & State				6. Election Campaign Financing	\$5.00	May Be	. =
23 28				Trust Fund Contribution	Added	to Fees	
Zip Country Zip		Coun	try	8. This corporation owes the current year Intangible			
24 25				Personal Property Tax.			ł
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		j
11		1	Name				
Higginbotham, william	√ _/'	L					ł
30 - 7 - 7 - 0.00			32 Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
1440-33 Dunn Ave.			33				ł
- W- W- 110 T1			."				
Jacksonville Fl.	32218	1	34 City		85 Zip	Code	
				FL	<u>- </u>		
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	tutes, the abo	ove-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its	registered	
agent. I am familiar with, and accept the oblig				or a board of directors. I hereby accept the appo	municine as re	,giotoro G	
SIGNATURE							
Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered A	gent signature required	d when reinstating) DATE			6
12. OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		(11/98
TITLE PD	☐ DELETE	1.1 TITL	Ē	•	Change	☐ Addition	1
NAME Higginbotham w	Dilliam T	1.2 NAM	E				
STREET ADDRESS 12476 Wood an	Higginbotham William T ADDRESS 12416 Woodband Drive		EET ADDRESS				F034
CITY-ST-ZIP Sacksonville FL	32218	14 CITY	-ST-ZIP				2
TIME STD	DELETE	2.1 TITL			Change	☐ Addition	C
	∞	2.2 NAM	F				
 一			EET ADDRESS				
1			/-ST-ZIP			[-] Addition-	1
TITLE	DELETE	3.1 TITL					
NAME		3.2 NAM	E	•		}	1
STREET ADDRESS		3.3 STR	EET ADDRESS			1	1
CITY-ST-ZIP		34, CIT	-ST-ZIP				
TITLE	☐ DELETE	4.1 TITL	=		Change	☐ Addition	1
NAME		4, 2 NAM	IE			ŀ	
STREET ADDRESS		4.3 STR	EET ADDRESS			}	j
CITY-ST-ZIP		4.4 CITY	-ST-ZIP			Ì	i
TITLE	☐ DELETE	5.1 TITL			Change	☐ Addition	l
NAME		5.2 NAM			_ •		ĺ
			ET ADDRESS			}	i
STREET ADDRESS						İ	ı
CITY-ST-ZIP	ה היי בדר	5.4 CITY				Addition	ı
TITLE	☐ DELETE	6.1 TITL			☐ Change	☐ Addition	ļ
NAME		6.2 NAM	ļ				
STREET ADDRESS		6.3 STRI	ET ADDRESS				
CITY-ST-ZIP		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.