

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90073 035 ***150.00

DOCUMENT # P95000097080

1. Corporation Name
JOHN THE BARBER, INC.

Principal Place of Business
6132 BLOUNTSTOWN HIGHWAY
#5
TALLAHASSEE FL 32310

Mailing Address
6132 BLOUNTSTOWN HIGHWAY
#5
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number
59-3349390

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 6315 Blountstown Hwy.

Suite, Apt. #, etc.

22 #B

City & State

23 Tallahassee, FL

Zip

24 32310

Country

25 USA

2a. Mailing Address

26 6315 Blountstown Hwy.

Suite, Apt. #, etc.

27 #B

City & State

28 Tallahassee, FL

Zip

29 32310

Country

30 USA

9. Name and Address of Current Registered Agent

COKER, JULIE P
2400 ROSEMARY TERR
TALLAHASSEE FL 32303

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

Julie P. Coker
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 30, 1999

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PVST
COKER, JULIE
STREET ADDRESS
1456 FULLER RD.
CITY-ST-ZIP
TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME
DCM
COKER, JULIE
STREET ADDRESS
1456 FULLER RD.
CITY-ST-ZIP
TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Julie P. Coker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 30, 1999

Daytime Phone #

531-0544
574-3111

CR2E034 (11/98)

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