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May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000065364 (7)**

1. Corporation Name

HOME HAIR SALON, INC.



Principal Place of Business

Mailing Address

**7375 MARA VISTA DRIVE
SARASOTA FL 34238**

**7375 MARA VISTA DRIVE
SARASOTA FL 34238**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

2. Principal Place of Business

21 4274 Boca Pointe Dr

2a. Mailing Address

26 4274 Boca Pointe Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

Sarasota FL

27

City & State

Sarasota FL

Zip

34238

Country

Zip

34238

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DWIGGINS, SUSAN M

**7375 MARA VISTA DRIVE
SARASOTA FL 34238**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4274 Boca Pointe Dr

83

84 City

Sarasota

FL

85 Zip Code

34238

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

Susan M. Duggins
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-23-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **DWIGGINS, SUSAN M**
STREET ADDRESS **7375 MARA VISTA DR.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ DELETE

NAME **DWIGGINS, DAVID V**
STREET ADDRESS **7375 MARA VISTA DR.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ DELETE

NAME **WEST, LEE S**
STREET ADDRESS **7356 MARA VISTA DR.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☒ DELETE

NAME **BETRUS, DAVID**
STREET ADDRESS **10755 CARRARA COVE**
CITY-ST-ZIP **ALPHARETA GA 30202**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE

Susan M. Duggins

4-23-98 941-923-5742

CR2E034 (10/97)