
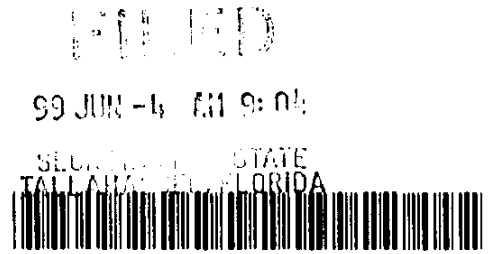


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0066170

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000048032					
1. Corporation Name DON'S HAIR PAIR, INC.					
Principal Place of Business 19 E JEFFERSON ST QUINCY FL 32351			Mailing Address 19 E JEFFERSON ST QUINCY FL 32351		
2. Principal Place of Business		2a. Mailing Address			
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27			
City & State		City & State			
23		28			
Zip		Zip		Country	
24		25		29	30
9. Name and Address of Current Registered Agent					
GIBSON, DON 19 E JEFFERSON ST QUINCY FL 32351					
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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11. TITLE					
12. NAME					
13. STREET ADDRESS					
14. CITY-ST-ZIP					
15. TITLE					
16. NAME					
17. STREET ADDRESS					
18. CITY-ST-ZIP					
19. TITLE					
20. NAME					
21. STREET ADDRESS					
22. CITY-ST-ZIP					
23. TITLE					
24. NAME					
25. STREET ADDRESS					
26. CITY-ST-ZIP					
27. TITLE					
28. NAME					
29. STREET ADDRESS					
30. CITY-ST-ZIP					
31. TITLE					
32. NAME					
33. STREET ADDRESS					
34. CITY-ST-ZIP					
35. TITLE					
36. NAME					
37. STREET ADDRESS					
38. CITY-ST-ZIP					
39. TITLE					
40. NAME					
41. STREET ADDRESS					
42. CITY-ST-ZIP					
43. TITLE					
44. NAME					
45. STREET ADDRESS					
46. CITY-ST-ZIP					
47. TITLE					
48. NAME					
49. STREET ADDRESS					
50. CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/1997

4. FEI Number
59-3514565 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

10. Name and Address of New Registered Agent

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-29-99

CR2E034 (11/98)

178

I received my Annual Report
and mailed it but for
some reason it didn't get
back to me return mail
until just weeks later. Please
accept this filing fee
for due to mail errors it
is late

Don Gibson