

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

99 JAN 11 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083000

1. Corporation Name
CLASSY NAILS, INC.

Principal Place of Business
1119 APALACHEE PARKWAY
TALLAHASSEE FL 32301

Mailing Address
1119 APALACHEE PARKWAY
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

4. FEI Number

59-3470331

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

9. Name and Address of Current Registered Agent

DOAN, DAISON N
2039 N MERIDIAN RD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name DAVID-LOI DOAN

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

83 1112 S. MAGNOLIA DR. G.104

84 City TALLAHASSEE FL 85 Zip Code 32301

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

David Loi Doan
Signature, typed or printed name of registered agent and title if applicable

President
(NOTE: Registered Agent signature required when reinstating)

Jan 11, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOAN, DAISON N.
STREET ADDRESS 2039 N MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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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 PRESIDENT
1.2 NAME DAVID-LOI DOAN
1.3 STREET ADDRESS 1112 S. MAGNOLIA DR. G.104
1.4 CITY-ST-ZIP TALLAHASSEE FL. 32301

2.1 TITLE PLANT MANAGER
2.2 NAME DAISON N. DOAN
2.3 STREET ADDRESS 1112 S. MAGNOLIA DR.
2.4 CITY-ST-ZIP TALLAHASSEE FL. 32301

3.1 TITLE ASSISTANCE MANAGER
3.2 NAME KENNEDY DOAN
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 1112 S. MAGNOLIA DR. G.104
TALLAHASSEE, FL 32301

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

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

6.1 TITLE
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)(f), 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:

David Loi Doan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11, 1999
Date

850-878-0999
Daytime Phone #

004981

CR2E034 (11/98)