FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91184 006 ***150.00

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

DOCUMENT # P98000022606

C00070011

I believe if you call. the fee now is only $150. will be $550. May 1

1. Corporation Name
BEYOND CUTS, INC.

Principal Place of Business
2780 N. FLORIDA AVENUE
HERNANDO FL 34442

Mailing Address
2780 N. FLORIDA AVENUE
HERNANDO FL 34442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1998

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number — 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
LANIER, BRENDA
2798 E. MARY LOUE STREET
INVERNESS FL 34450

10. Name and Address of New Registered Agent
81 Name RENEE E. SPOONER
82 Street Address (P.O. Box Number Is Not Acceptable) 4149 E. SPOONER LN
83
84 City HERNANDO FL 85 Zip Code 34442

11. Pursuant to the provisions of Sections 607.0502 and 607.0504, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	VICE PRES ☑ Change ☐ Addition
NAME	LANIER, BRENDA	12 NAME	PHILIP E. SPOONER
STREET ADDRESS	2798 E. MARY LOUE STREET	13 STREET ADDRESS	4149 E. SPOONER LN
CITY-ST-ZIP	INVERNESS FL 34450	14 CITY-ST-ZIP	HERNANDO FL 34442
TITLE	D ☐ DELETE	21 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	DEBOARD, RENE	22 NAME	RENEE E. SPOONER
STREET ADDRESS	4209 AMHERST STREET	23 STREET ADDRESS	4149 E SPOONER LN.
CITY-ST-ZIP	HERNANDO FL 34442	24 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

you need Michelle's info.

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.