

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S29901 (3)

1. Corporation Name

SNIPPLES HAIR TECHNIQUES, INC.



Principal Place of Business

9310 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32225

Mailing Address

9310 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified
02/04/1991

3a. Date of Last Report
04/03/1995

4. FEI Number
59-3043941

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4347-G UNIVERSITY BLVD. S.
Suite, Apt. #, etc.

2a. Mailing Address

26 1459 CRABAPPLE COVE CRT. S.
Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL

Zip Country

24 32216

City & State

28 JACKSONVILLE, FL

Zip Country

29 32225

9. Name and Address of Current Registered Agent

NANCY F HOLHOUSE
1459 CRABAPPLE COVE S. CT.
JACKSONVILLE FL 32225

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

Signature typed in print (Name of registered agent and corporation)

Name of Registered Agent (Signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HOLHOUSE, NANCY F
STREET ADDRESS 1459 CRABAPPLE CO. S. CT
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE VP
NAME HOLHOUSE, JEFF S.
STREET ADDRESS 1459 CRABAPPLE COVE S CT.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE ST
NAME SALANO, LEE A
STREET ADDRESS 6604 N. BRANDEMERE RD.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE D
NAME LOVETT, PHYLLIS
STREET ADDRESS 2220 DEAN DR.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

904-737-2928

CR2E034 (12/95)