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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

S37961

FAMILY HAIR CARE, INC.

Principal Place of Business

Mailing Address

2550 S. NOVA ROAD PORT ORANGE FL 32119-8804

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						3. Date Incorporated or Qualified	3a. Dali	e of Last F	Renort
				· - ·- · · ·		03/11/1991	J	05/01/	1995
2. Principal Pla	ce of Business	2a. Mailing Address	1			4. FEI Number		⊢ +	Applied For
21		26				59-2960046			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζ _Ι ρ 24	Country 25	Zıp 29]	Cour	ntry		This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curren					10. Name and Address of New	Registered	Agent	
				B1 Nar	ne				
FOSTER, WALTER E. III				82 Str	at Address	delegas (D.O. Boy Number is Not Assessable)			
315 SOUTH PALMETTO AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
	DNA BEACH FL 32114		•	83					
				84 City					
				84 City	•		FL	. 85 Z	ip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-name	corporati	on submits this statement for the pu	irpose of ch	anging its	registered office
familiar with	d agent, or both, in the State of Florid , and accept the obligations of, Section	a. Such change was authorize on 607.0505, Florida Statutes.	ed by the c	orporatio	n's board	of directors. I hereby accept the app	xointment as	registere	d agent. I am
SIGNATURE	Ignature, typed or printed name of registered agent a	and title if applicable (NO)	TE Registered	Agent signat	ure reciuired w	hen reinstating)	DATE		
12.	OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1, 1 7	TLE				Change	Addition
NAME	MASSEY, CAROLYN SUE		1.2 NA	ME				-	_
STREET ADDRESS	2550 S. NOVA RD.		1.3 ST	REET ADDRE	ss				
GITY-ST-ZIP	PORT ORANGE FL		1.4.00	Y-ST-ZIP					
1ITLF	ST	DELETE	2.11					Change	Addition
NAME	MASSEY, CAROLYN SUE		2.2 NA	ME			-		_
STREET ADDRESS	2550 S. NOVA RD.		2.3 ST	REET ADDRE	ss				
CITY-ST-ZIP	PORT ORANGE FL		2 4 CI	Y-SI-ZIP					
TITLE		☐ DELETE	3. 1 %					Change	Addition
NAME			3.2 NA	ME					
STREET ADDRÉSS			3.3. ST	REET ADORE	ss				
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4. 1 TI					Change:	Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 ST	REET ADDRE	ss				
CITY-S1-ZIP			4.4 CI	Y-ST-ZIP					
TITLE		☐ DELETE	5 1 TI					Change	☐ Addition
NAME			5.2 NA	ME			-	-	_
STREET ADDRESS				REET ADDRE	ss				
CITY-ST-ZIP				Y-ST-ZIP					
Trice		☐ DELETE	6 1 Ti				······································	Change:	Addition
NAME		- -	6.2 NA						-
STREET ADDRESS				REET ADDRE	ss				
CITY-ST-ZIP				Y-ST-ZIP	~				
		Market Branch and Art St.	■ 54 UII	1-31-211					

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:

CAXOLYN S. Missey 5-27-16 404.7601864