

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 034 ***158.75

DOCUMENT # S71387

1. Corporation Name

THE ESQUIRE TOUCH BARBER SHOP, INC.

Principal Place of Business

6016 N. 40TH STREET
STE. B
TAMPA FL 33610
US

Mailing Address

6016 N. 40TH STREET
B
TAMPA FL 33610
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1991

4. FEI Number

59-3076263

Applied For

Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

\$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

81 Name BERNARD D. Lewis SR.

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

83 9447 LARKBUNTING Drive

84 City TAMPA

FL

85 Zip Code 33647

9. Name and Address of Current Registered Agent

BARI, LATIF
2001 E. SEWARD AVENUE
TAMPA FL 33604

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 reinstating)

DATE

Bernard D. Lewis, Sr.

1-22-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARI, LATIF
STREET ADDRESS 2001 E. SEWARD AVENUE
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE STD
NAME JOYNER, STANLEY
STREET ADDRESS 6209 TRAVIS BLVD.
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 President & Director ☐ Change ☒ Addition
1.2 NAME BERNARD D. Lewis, Sr.
1.3 STREET ADDRESS 9447 LARKBUNTING Drive
1.4 CITY-ST-ZIP TAMPA FL 33647

2.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition
2.2 NAME CHRISTINE Jo Lewis
2.3 STREET ADDRESS 9447 LARKBUNTING Drive
2.4 CITY-ST-ZIP TAMPA, FL 33647

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Bernard D. Lewis, Sr. - Pres. 1-22-99 (813) 973-8229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0399875

CR2E034 (11/98)