

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V04094 (1)

1. Corporation Name
PH HAIR, INC.



Principal Place of Business
**35211 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684**

Mailing Address
**35211 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684**

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
03/02/1995

4. FEI Number
59-3100102

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 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

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

30

9. Name and Address of Current Registered Agent

**WHARRAN, KATHERINE A.
35211 U.S. HIGHWAY 19 N.
PALM HARBOR FL 34684**

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 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHARRAN, KATHERINE A.	1.2 NAME	WHARRAN, KATHERINE A.
STREET ADDRESS	5349 DRIFTTIDE DR.	1.3 STREET ADDRESS	9416 Debbie Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	Hudson, FL 34669
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHARRAN, FORREST C.	2.2 NAME	WHARRAN, FORREST C.
STREET ADDRESS	5349 DRIFTTIDE DR.	2.3 STREET ADDRESS	9416 Debbie Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	Hudson, FL 34669
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHARRAN, DOUGLAS E.	3.2 NAME	WHARRAN, DOUGLAS E.
STREET ADDRESS	5349 DRIFTTIDE DR.	3.3 STREET ADDRESS	9735 EL CAMINO REAL DR
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	Port Richey FL 34668
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Katherine A. Wharran* **KATHERINE A. WHARRAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-789-3099
Daytime Phone #

CR2E034 (12/95)