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 # **V08858** **(5)**

1. Corporation Name

FARGOS HAIR SALON, INC.

Principal Place of Business	Mailing Address
2129 E. SEMORAN BLVD. **APOPKA FL 32703**	**2129 E. SEMORAN BLVD.** **APOPKA FL 32703**

3. Date Incorporated or Qualified: **01/23/1992**

3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: **59-3143735** ☐ 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

9. Name and Address of Current Registered Agent

MCLEAN, JOHN FOSTER
2129 E. SEMORAN BLVD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

Name

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

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	DP	☐ DELETE	11	☐ Change ☐ Addition
NAME	MCLEAN, JOHN FOSTER		12	
STREET ADDRESS	2129 E. SEMORAN BLVD.		13	
CITY-ST-ZIP	APOPKA FL		14	
TITLE	ST	☐ DELETE	21	☐ Change ☐ Addition
NAME	MCLEAN, JOHN FOSTER		22	
STREET ADDRESS	2129 E. SEMORAN BLVD.		23	
CITY-ST-ZIP	APOPKA FL		24	
TITLE		☐ DELETE	31	☐ Change ☐ Addition
NAME			32	
STREET ADDRESS			33	
CITY-ST-ZIP			34	
TITLE		☐ DELETE	41	☐ Change ☐ Addition
NAME			42	
STREET ADDRESS			43	
CITY-ST-ZIP			44	
TITLE		☐ DELETE	51	☐ Change ☐ Addition
NAME			52	
STREET ADDRESS			53	
CITY-ST-ZIP			54	
TITLE		☐ DELETE	61	☐ Change ☐ Addition
NAME			62	
STREET ADDRESS			63	
CITY-ST-ZIP			64	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished annually 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 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: John Foster McLean 4/20/96 407-886-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)