

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 # **V67505** (0)

1. Corporation Name

SOUTHERN EXPOSURE HAIR DESIGN, INC.



Principal Place of Business

405 5TH AVENUE, SOUTH
SUITE 102
NAPLES FL 33940
US

Mailing Address

405 5TH AVENUE, SOUTH
SUITE 102
NAPLES FL 33940
US

3. Date Incorporated or Qualified

09/23/1992

3a. Date of Last Report

01/31/1995

4. FEI Number

65-0358593

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

JEPSON, SUSAN
1100 9TH ST., SOUTH
SUITE A-103
NAPLES FL 33940

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

Susan A. Jepson

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reinstating)

1/15/96

Date

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

JEPSON, SUSAN

STREET ADDRESS

1100 9TH ST., SOUTH, SUITE A-103

CITY - ST - ZIP

NAPLES FL 33940

TITLE

D

☐ DELETE

NAME

JEPSON, ROBERT

STREET ADDRESS

1100 9TH ST., SOUTH, SUITE A-103

CITY - ST - ZIP

NAPLES FL 33940

TITLE

D

☐ DELETE

NAME

NANCY L. JEPSON ~~JEPSON~~ Michelena

STREET ADDRESS

2522 NO 86TH PLACE

CITY - ST - ZIP

Scottsdale, AZ. 85251

TITLE

D

☐ DELETE

NAME

Debbie A. JEPSON

STREET ADDRESS

4630 BEACON Hill Road

CITY - ST - ZIP

EAGAN, MN. 55122

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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:

Robert E. Jepson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 (941) 262-6804

Date

Daytime Phone #

CR2E034 (12/95)