FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:40

DOCUMENT # **255417** **(8)**

1. Corporation Name

F N DEHUY AND SON JEWELRY STORE INC

Principal Place of Business	Mailing Address
139 N. WOODLAND BLVD. DELAND FL 32720	139 N. WOODLAND BLVD. DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1962**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-0947460** ☐ 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	10. Name and Address of New Registered Agent
~~MILLER JR, JOSEPH W~~ ~~100 N. WOODLAND BLVD.~~ ~~DELAND FL 32720~~	81 Name: Susan Macon 82 Street Address (P.O. Box Number is Not Acceptable): 139 N. Woodland Blvd. 83 84 City: DeLand FL 85 Zip Code: 32720

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 Macon
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	~~PD~~	11 TITLE	☑ Change ☐ Addition
NAME	~~MILLER JR., JOSEPH W.~~	12 NAME	Delete (deceased)
STREET ADDRESS	~~100 N. WOODLAND BLVD.~~	13 STREET ADDRESS	
CITY ST ZIP	~~DELAND, FL 00000~~	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	MACON, SUSAN	22 NAME	PDT
STREET ADDRESS	139 1<2 N WOODLAND BLVD.	23 STREET ADDRESS	Macon, Susan
CITY ST ZIP	DELAND, FL 0	24 CITY ST ZIP	139 ½ N. Woodland Blvd. DeLand, FL 32720
TITLE	STD	31 TITLE	☑ Change ☐ Addition
NAME	BARRON, JACQUELINE	32 NAME	P
STREET ADDRESS	1812 OAK ST.	33 STREET ADDRESS	BARRON, JACQUELINE
CITY ST ZIP	DELAND FL	34 CITY ST ZIP	1812 OAK ST. DELAND, FL 32720
TITLE		41 TITLE	☐ Change ☑ Addition
NAME		42 NAME	VDPS
STREET ADDRESS		43 STREET ADDRESS	ROBERTS, WILLIAM M
CITY ST ZIP		44 CITY ST ZIP	5907-C HAMPTON OAKS PKWY TAMPA, FL 33610
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Susan Macon 4-29-95 (904) 734-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000044 CP