FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

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	PO BOX 563 DELAND FL 32721 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1962

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 139 1/2 N. WOODLAND BLVD.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DELAND, FL.	28 City & State
24 Zip: 32720 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

MACON, SUSAN
139 N. WOODLAND BLVD.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: MACON, SUSAN
82 Street Address (P.O. Box Number is Not Acceptable): 139 1/2 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, WILLIAM M		1.2 NAME		
STREET ADDRESS	412 E MADISON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PDT	☑ DELETE	2.1 TITLE	PDT	☐ Change ☑ Addition
NAME	MACON, SUSAN		2.2 NAME	MACON, SUSAN	
STREET ADDRESS	PO BOX 563		2.3 STREET ADDRESS	POBIX 563 "N/A"	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	DELAND FL 32721	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Susan Macon SUSAN MACON 1-25-98 904-734-1337