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95 MAY -1 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION  
ANNUAL REPORT  
1995

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

DOCUMENT # **358416** (6)

1. Corporation Name  
**LES FERRELL, JEWELERS INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**115 NORTH WOODLAND BLVD.  
P.O. BOX 4  
DELAND FL 32721**

3. Date incorporated or Qualified **01/20/1970** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21</b>		<b>26</b>		<b>59-1305787</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>22</b>		<b>27</b>		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
<b>23</b>		<b>28</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FERRELL, H. LESLIE 1003 N PINE DELAND FL 32724</b>				b1. Name			
				b2. Street Address (P.O. Box Number is Not Acceptable)			
				b3.			
				b4. City			
				FL			

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 Name) \_\_\_\_\_ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, SUSAN J	1.2 NAME	
STREET ADDRESS	200 WEST MICHIGAN	1.3 STREET ADDRESS	
CITY, ST, ZIP	DELAND, FL 00000	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, RONALD L	2.2 NAME	
STREET ADDRESS	200 WEST MICHIGAN	2.3 STREET ADDRESS	
CITY, ST, ZIP	DELAND, FL 00000	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		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		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		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 110.07(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: *Ronald L. Ferrell* **RONALD L. FERRELL** 4-19-95 904-734-3801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date)