

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

FILED
Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 358416 (6)
 1. Corporation Name: **LES FERRELL, JEWELERS INC.**



Principal Place of Business 115 NORTH WOODLAND BLVD. P.O. BOX 4 DELAND FL 32721	Mailing Address 115 NORTH WOODLAND BLVD. P.O. BOX 4 DELAND FL 32721-0004
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2. Principal Place of Business 21 115 N. Woodland Blvd. Suite, Apt #, etc.	2a. Mailing Address 26 115 N. Woodland Blvd. Suite, Apt. #, etc.
22 City & State 23 DeLand Florida	27 City & State 28 DeLand Florida
24 32720 25 Volusia	29 32720 30 Volusia

3. Date Incorporated or Qualified 01/20/1970	3a. Date of Last Report 02/13/1996
4. FEI Number 59-1305787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERRELL, H LESLIE 1003 N PINE DELAND FL 32724	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE VSD	<input type="checkbox"/> DELETE
NAME FERRELL, SUSAN J	
STREET ADDRESS 200 WEST MICHIGAN	
CITY-ST-ZIP DELAND, FL 00000	
TITLE PD	<input type="checkbox"/> DELETE
NAME FERRELL, RONALD L	
STREET ADDRESS 200 WEST MICHIGAN	
CITY-ST-ZIP DELAND, FL 00000	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Ferrell, Susan J.	
1.3 STREET ADDRESS 200 West Michigan Avenue	
1.4 CITY-ST-ZIP DeLand, Florida 32720	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ferrell, Jeremy L.	
3.3 STREET ADDRESS 200 West Michigan Avenue	
3.4 CITY-ST-ZIP DeLand, Florida 32720	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ronald L Ferrell* **Ronald L Ferrell, President 1-15-97 904-734-3801**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)