

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 225415 (9)

1. Corporation Name

CARROLLS JEWELERS INC

**APPROVED
AND
FILED**

95 APR 21 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**365 MIRACLE MILE
CORAL GABLES FL 33134**

Mailing Address

**365 MIRACLE MILE
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1959

3a. Date of Last Report

04/01/1994

4. FEI Number

59-0870490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORMAN, ROBERT B
365 MIRACLE MILE
CORAL GABLES FL 33134**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MOORMAN JR, ROBERT B
STREET ADDRESS	365 MIRACLE MILE
CITY - ST - ZIP	CORAL GABLES, FL 00000
TITLE	P
NAME	MOORMAN, ROBERT
STREET ADDRESS	365 MIRACLE MILE
CITY - ST - ZIP	CORAL GABLES, FL 00000
TITLE	S
NAME	MOORMAN, JEANNE
STREET ADDRESS	365 MIRACLE MILE
CITY - ST - ZIP	CORAL GABLES, FL 00000
TITLE	D
NAME	MOORMAN, STEPHEN
STREET ADDRESS	365 MIRACLE MILE
CITY - ST - ZIP	CORAL GABLES, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	D	☐ Change ☒ Addition
5.2 NAME	MOORMAN, JOHN J. II	
5.3 STREET ADDRESS	365 MIRACLE MILE	
5.4 CITY - ST - ZIP	CORAL GABLES, FL 33134	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Moorman

4-15-95

Date

305-446-1611

Telephone Number