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 13 PM 2:44

DOCUMENT # **244021** **(2)**

1. Corporation Name
VANDEGRIFF JEWELERS INC

Principal Place of Business	Mailing Address
P.O. DRAWER 1388 FT. WALTON BEACH FL 32547 US	P.O. DRAWER 1388 FT. WALTON BEACH FL 32547 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1961
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21 131 Racetrack Road, NW
22 Suite, Apt. #, etc.
23 City & State: Fort Walton Beach, FL
24 Zip: 32547 25 Country: USA

2a. Mailing Address
26 P. O. Drawer 1388
27 Suite, Apt. #, etc.
28 City & State: Fort Walton Beach, FL
29 Zip: 32549 30 Country: USA

4. FEI Number: 59-0919424 ☐ 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

BALANZATEGUI, PATRICIA V.
131 RACETRACK ROAD N.W.
P.O. DRAWER 1388
FORT WALTON BEACH FL 32549-8388

10. Name and Address of New Registered Agent

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 _____ 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	D	11 TITLE	☑ Change ☐ Addition
NAME	VANDEGRIFF,MARAGRET J	12 NAME	Deceased - please remove as Director.
STREET ADDRESS	178-180 MIRACLE STP PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BCH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	VANDEGRIFF,HARRY	22 NAME	
STREET ADDRESS	131 RACETRACK ROAD, N.W.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BALANZATEGUI, PATRICIA,	32 NAME	
STREET ADDRESS	131 RACETRACK ROAD, N.W.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BALANZATEGUI, ANDREA, M	42 NAME	
STREET ADDRESS	1403 BAY VILLA PLACE #3	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BALANZATEGUI, W., O.	52 NAME	
STREET ADDRESS	131 RACETRACK ROAD, N.W.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	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: Patricia Balanzategui Patricia Balanzategui 4-10-95 (904) 243-3333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0191066 CR