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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 303357

3357 (8)

Q.T. THOMAS JEWELERS, INC

FILED
May 14 1997 8:00am
Secretary of State



Principal Place of Business 4860 48TH AVE N ST PETE FL 33714		***************************************	Mailing Address 4860 48TH AVE N 8T PETE FL 33714-2836			1 19894 13M 9916 1169 1467 9118 1991 91911 91911 41811 9391 9391 1181			
						3. Date Incorporated or Qualified 03/25/1966		e of Last	
2. Principal Pla	nce of Business	2a. Mailing Addr	ess			4. FEI Number			Applied For
21		26				59-1116331			Not Applicable
Suite, Apt #	etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State				Election Campaign Financing		• • • • • • • • • • • • • • • • • • • •	00 May Be
:3		28				Trust Fund Contribution			od to Fees
Zip	Country	Zip	T_	Country		8. This corporation has liability for i			
4	25	29	30	-] No	W. 100.00E;
	9. Name and Address of Cu		·	<u>' </u>		10. Name and Address of New Re-	gistered A	gent	
THOM	ias, elizabeth			61	Name				
4860 48TH AVENUE N ST PETERSBURG FL 33714				82 Street Address (P.O. Box Number is Not Acceptable) 83					
				84	City			85 Zi	ip Code
					·	poration submits this statement for the pation's board of directors. I hereby accept	FL		
12.		od agent and title if applicable AND DIRECTORS	(NOTE: Re	gislered Age	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECT	ORS IN 12
	P	☐ DE	LETE	1.1 TITLE				Chang	je 🔲 Additio
	THOMAS, ELIZABETH E.			1:2 NAME	İ				
	4860 48TH AVE N			1.3 STREET	ADDRESS				
	ST PETERSBURG FL			1.4 CITY-5	T-ZIP				
1	ST	DE	LETE	2.1 TITLE				Chang	ge 🔲 Additio
	THOMAS, JAMES H.			2.2 NAME					
	4860 48TH AVE N			2.3 STREET	ADDRESS				
	ST PETERSBURG FL	Паг	. FTF	2. 4 CITY-	ST-ZIP		,		. I tasti
THEF	PERFORMANIATE E	□ DE	LEIL	3.1 TITLE				Chang	ge 🔲 Additio
	BEEBE, CHARLOTTE E 4860 48 AVE N			3.2 NAME					
	ST PETERSBURG FL			3.3 STREET					
CITY - ST - ZIP TITLE	OI FEIENOPUNGIL	DE	LETE	3.4. CITY-:	SI - ZIP			Chano	ne Additio
NAME		LJ U.	.c. IL	4.1 IIILE 4.2 NAME				A 1011B	,v L Addition
STREET ADDRESS				4.2 NAME 4.3 STREET	ANNOFEC				
				4.4 CITY-5	- 1				
CITY - ST - ZIP THUE		DE	LETE	5.1 TITLE	, FII	100.00		Chang	je 🔲 Additio
NAME		 · ·		5.2 NAME	-				
STREET ADDRESS				5 3 STREET	ADDRESS				
CHY-S1-ZIP				54 C/TY-5	1				
TITLE		☐ DE	LETE	61 TITLE	<u> </u>			Chang	e Additi
NAME				6.2 NAME				-	
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S					
	y cartily that the information sur-	inlied with this filing does	not qualify fo			ed in Section 119.07(3)(i). Florida Statute	s I further	certify th	nat the

4. 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

SOUTH AND TYPE OF PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4/28/99

(913)527-9192