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**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

0411286

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-20-1999 90154 043 \*\*\*150.00

**DOCUMENT # 303357**

1. Corporation Name  
**Q.T. THOMAS JEWELERS, INC**



Principal Place of Business  
**4860 48TH AVE N  
 ST PETE FL 33714**

Mailing Address  
**4860 48TH AVE N  
 ST PETE FL 33714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/25/1966**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-1116331**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, ELIZABETH  
 4860 48TH AVENUE N  
 ST PETERSBURG FL 33714**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **P**  
 NAME **THOMAS, ELIZABETH E.**  
 STREET ADDRESS **4860 48TH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **ST**  
 NAME **THOMAS, JAMES H.**  
 STREET ADDRESS **4860 48TH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **V**  
 NAME **BEEBE, CHARLOTTE E**  
 STREET ADDRESS **4860 48 AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Elizabeth E. Thomas** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-527-919

Date

Daytime Phone #

CP-2024 (11/99)