

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northen
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 JAN 27 AM 8: 25****DOCUMENT # 460739****(6)**

1. Corporation Name

GEM JEWELERS, INC.

Principal Place of Business

**122 SO TENNESSEE AVE
LAKELAND FL 33801**

Mailing Address

**122 SO TENNESSEE AVE
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/06/1974

3a. Date of Last Report

08/10/1994

4. FEI Number

59-1555201

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. 189.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

23

Zip

Country

28**30**

9. Name and Address of Current Registered Agent

**COHN, HOWARD B.
122 S. TENNESSEE AVENUE
LAKELAND FL 33801**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME COHN, HOWARD B
STREET ADDRESS 122 S. TENNESSEE AVE.
CITY- ST- ZIP LAKELAND FL****TITLE DST
NAME GOLDSMITH, RHODA D
STREET ADDRESS 122 S. TENNESSEE AVE.
CITY- ST- ZIP LAKELAND FL****TITLE D
NAME MAYER, CHARLES R
STREET ADDRESS 122 S. TENNESSEE AVE
CITY- ST- ZIP LAKELAND FL****TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP****TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP****TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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)(b), Florida Statutes. I further certify that the information 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 member or trustee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as requested, or on an authorized person who is authorized.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime / Home #