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 FEB -8 AM 8:45

DOCUMENT # 466521 (2)

1. Corporation Name
UNDERWOOD JEWELERS CORP.

Principal Place of Business	Mailing Address
123 N 20TH STREET C/O PAUL M BYRNE BIRMINGHAM AL 35203	123 N 20TH STREET C/O PAUL M BYRNE BIRMINGHAM AL 35203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1974
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-1632534 ☐ 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

BYRNE, PAUL M.
~~229 HOGAN STREET~~ ADDRESS CHANGE →
JACKSONVILLE FL ~~32202~~

10. Name and Address of New Registered Agent

81 Name: BYRNE, PAUL M.
82 Street Address (P.O. Box Number is Not Acceptable): 2614 SAN MARCO BLVD
83 ~~JAX~~
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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: Paul M Byrne — 2-2-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	BROMBERG, FRANK H JR	1.2 NAME	
STREET ADDRESS	123 N 20TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, JAMES D.	2.2 NAME	
STREET ADDRESS	229 HOGAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, PAUL M	3.2 NAME	
STREET ADDRESS	123 N 20TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BROMBERG, EUGENE A	4.2 NAME	
STREET ADDRESS	123 N 20TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	BROMBERG, C CLAYTON	5.2 NAME	
STREET ADDRESS	229 HOGAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] 1/30/95 205-252-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT — Date — Daytime Phone #

0466241 FP