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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 466521

(2)

1. Corporation Name

UNDERWOOD JEWELERS CORP.

Principal Place of Business

123 N 20TH STREET
C/O PAUL M BYRNE
BIRMINGHAM AL 35203

Mailing Address

123 N 20TH STREET
C/O PAUL M BYRNE
BIRMINGHAM AL 35203-3603



3. Date Incorporated or Qualified
12/23/1974

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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.
2044 SAN MARCO BLVD.
JACKSONVILLE FL 32207

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

Paul M. Byrne (Paul M. Byrne) CD

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | BROMBERG, FRANK H JR | |
| STREET ADDRESS | 123 N 20TH STREET | |
| CITY- ST- ZIP | BIRMINGHAM, AL 00000 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HAMILTON, JAMES D. | |
| STREET ADDRESS | 229 HOGAN ST | |
| CITY- ST- ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | BYRNE, PAUL M | |
| STREET ADDRESS | 123 N 20TH STREET | |
| CITY- ST- ZIP | BIRMINGHAM, AL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BROMBERG, EUGENE A | |
| STREET ADDRESS | 123 N 20TH STREET | |
| CITY- ST- ZIP | BIRMINGHAM, AL 00000 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BROMBERG, C CLAYTON | |
| STREET ADDRESS | 229 HOGAN ST | |
| CITY- ST- ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY- ST- ZIP | |

14. 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: *Frank H. Bromberg Jr* (FRANK H. BROMBERG JR)

1/11/97

245-252-0221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0175725

CR2E034 (9/96)