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

**PROFIT CORPORATION ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

HIGHLANDS JEWELERS, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State



| Principal Place of Business   |  | Mailing Address                          |                              |   |   | .,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |  |
|---|--|--|------------------------------|---|---|---|-------------|--|
| 3750 US 27 NORTH #1A<br>SEBRING FL 33870  |  | 3750 US 27 NORTH #1A<br>SEBRING FL 33870 |                              |   |   |   |             |  |
|   |  |  |                              |   | DO NOT WRITE IN THIS  | 3 SPACE                                 |             |  |
|   |  |  |                              |   | <ol> <li>Date Incorporated or Qualified<br/>08/08/1977</li> </ol>   |   |             |  |
| 2. Principal Place of Business 2a. Mailing Address  |  |  |                              |   | 4. FEI Number   | 1 100                                   | plied For   |  |
| 21  | 26                                     |  |                              | 59-1769208                                    | <del></del>   | of Applicable                           |             |  |
| Suite, Apt. #, etc. Suite, Apt. #   |  |  |                              |   |   | \$8.75                                  |             |  |
| 22  |  | 27                                       | 27                           |   | 5. Certificate of Status Desired  | Fee Re                                  | polired     |  |
| City & State  | 1                                      | City & State                             | City & State                 |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |   |             |  |
| Zip   | Country                                | Zip                                      | Countr                       | У   | 8. This corporation owes or has paid the co   | urrent year Int                         | angible     |  |
| 24  | 25 29 30                               |  |                              | Personal Property Tax due June 30. 🔽 Yes 🔲 No |   |   |             |  |
| Name and Address of Current Registered Agent  |  |  |                              |   | 10. Name and Address of New Registered Agent  |   |             |  |
| STU   | JART, HENRY C, %H'LAND JE\             | VLY                                      | 81                           | Name  |   |   |             |  |
| 3750 US 27 NORTH #1A  |  |  | -                            | S - Ct 1 - 1 - 1                              | (1 (D D D N 1 - N |   |             |  |
| SEBRING FL 33870  |  |  | 82                           |   | Idress (P.O. Box Number is Not Acceptable)  |   |             |  |
|   |  |  | 83                           | 1   |   |   |             |  |
|   |  |  | 84                           | City  |   | <b>65</b> Zip (                         | Code        |  |
|   |  |  |                              |   |   | L                                       |             |  |
| 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 AN                            | ID DIRECTORS                             | 13.                          |   | ADDITIONS/CHANGES TO OFFICERS AN  | ID DIRECTOR                             | RS IN 12    |  |
| TITLE   | VD                                     | DELETE                                   | 1.1 TITLE                    |   |   | Change                                  | Addition    |  |
| NAME  | STUART, HENRY C                        | -  | 1.2 NAME                     |   |   |   | _           |  |
| STREET ADDRESS  | % HIGHLDS JEWELERS                     |  | 1.3 STREET ADDRESS           |   |   |   | ļ           |  |
| CITY-ST-ZIP   | SEBRING, FL 00000                      |  | 1.4 C(TY-                    |   |   |   |             |  |
| TITLE   | PDT DELETE                             |  | 2.1 TITLE                    | 31-211  |   | Change                                  | Addition    |  |
| NAME  | STUART, CHARLES R                      |  | 2.2 NAME                     |   |   |   |             |  |
| STREET ADDRESS  | % HIGHLDS JEWELERS                     |  | 2.3 STREET ADDRESS           |   |   |   |             |  |
| CITY-\$T-ZIP  | SEBRING, FL 00000                      |  | 2. 4 City - ST - ZIP         |   |   |   |             |  |
| TITLE   | ST DELETE                              |  | 3.1 TITLE                    |   |   | Change                                  | Addition    |  |
| NAME  | STUART, CHARLES R                      |  | 3.2 NAME                     | 1   |   |   |             |  |
| STREET ADDRESS  | % HIGHLANDS JEWELERS                   |  |                              | T ADDRESS                                     |   |   |             |  |
| CITY-ST-ZIP   | SEBRING FL                             |  |                              |   |   |   |             |  |
| TITLE   | DELETE                                 |  | 3.4 CITY-ST-ZIP<br>4.1(TITLE |   |   | Change                                  | Addition    |  |
| NAME  |  |  | 4. NAME                      | .   |   |   |             |  |
| STREET ADDRESS  |  |  |                              | 1 ADDRESS                                     |   |   |             |  |
| CITY-ST-ZIP   |  |  | 4 ITY-                       | ST-ZIP  |   |   |             |  |
| tme   |  | ☐ DELETE                                 | 5 FLE                        |   |   | ☐ Change                                | Addition    |  |
| NAME  |  |  | : VME                        | 1   |   |   |             |  |
| STREET ADDRESS  |  |  | FREE                         | T ADDRESS                                     |   |   |             |  |
| CITY-ST-ZIP   |  |  | 5 ITY-                       | ST-ZIP  |   |   |             |  |
| TITLE   |  | DELETE                                   | 6 ITLE                       |   |   | Change                                  | Addition    |  |
| NAME  |  |  | 6. NAME                      | 1   |   |   | ŀ           |  |
| STREET ADDRESS  |  |  | 6. STREE                     | T ADDRESS                                     |   |   |             |  |
| CITY-ST-ZIP   | _                                      |  | 6.4 CITY-                    | ST-ZIP  |   |   |             |  |
| 14. I hereby o  | ertify that the information supplied v | vith this filing does not qualify for    | the exemp                    | otion stated i                                | in Section 119.07(3)(i), Florida Statutes. I further o  | ertify that the                         | information |  |
| officer or c  |  | eiver or trustee empowered to e          |                              |   | ture shall have the same legal effect as if made u<br>equired by Chapter 607, Florida Statutes; and that  |   |             |  |
| DIOON 12 C  | Block 15 if changed, of oil an alla    | Constant time die decrees.               |                              |   |   |   | ļ           |  |