

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H29223** (5)

1. Corporation Name

PERSONAL TOUCH JEWELERS, INCORPORATED



Principal Place of Business

**2343
2354 NORTH HWY. 77
PANAMA CITY FL 32405**

Mailing Address

**2343
2354 NORTH HWY. 77
PANAMA CITY FL 32405**

2. Principal Place of Business

21 **2343 N. Hwy 77**
Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 **2343 N. Hwy 77**
Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/08/1984

3a. Date of Last Report

04/10/1995

4. FEI Number

59-2386942

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

**MCCRARY, DEBORAH G.
23443 N. HWY-77 2343 N. Hwy 77
PANAMA CITY FL 32405**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MCCRARY, HUGH M., JR.**
STREET ADDRESS **913 KRISTANNA DR.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VD** ☐ DELETE
NAME **AMOSS, NORMAN L.**
STREET ADDRESS **4000 E. 12TH COURT**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **SD** ☐ DELETE
NAME **MCCRARY, DEBORAH G.**
STREET ADDRESS **913 KRISTANNA DR.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☐ DELETE
NAME **SUGGS, MARY SUE**
STREET ADDRESS **605 E. 27TH STREET**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☐ DELETE
NAME **AMOSS, VICTORIA E.**
STREET ADDRESS **4000 E. 12TH COURT**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **TD** ☐ DELETE
NAME **SUGGS, THOMAS DELANO**
STREET ADDRESS **605 E. 27TH COURT**
CITY-ST-ZIP **PANAMA CITY FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Deborah G. McCrary Sec.** **Deborah G. McCrary** 1/19/96 (904) 769-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)