

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H29223** (5)
1. Corporation Name
PERSONAL TOUCH JEWELERS, INCORPORATED

Principal Place of Business 2343 N HWY 77 PANAMA CITY FL 32405 US	Mailing Address 2343 N HWY 77 PANAMA CITY FL 32405 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1984	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2386942		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Zip		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 Deborah G. McCrary Sec. DATE **3-24-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, HUGH M., JR.	1.2 NAME	
STREET ADDRESS	913 KRISTANNA DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOSS, NORMAN L.	2.2 NAME	
STREET ADDRESS	4000 E. 12TH COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, DEBORAH G.	3.2 NAME	
STREET ADDRESS	913 KRISTANNA DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGGS, MARY SUE	4.2 NAME	
STREET ADDRESS	605 E. 27TH STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOSS, VICTORIA E.	5.2 NAME	
STREET ADDRESS	4000 E. 12TH COURT	5.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	5.4 CITY- ST- ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGGS, THOMAS DELANO	6.2 NAME	
STREET ADDRESS	605 E. 27TH COURT	6.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	6.4 CITY- ST- ZIP	

14. I 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: Deborah G. McCrary Sec. DATE **3/3/98**

CR2E034 (10/97)