

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90176 034 ***150.00

DOCUMENT # H29223

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1984

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MCCRARY, DEBORAH G.
23443 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)

2343 N. Hwy. 77

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

☐ DELETE

TITLE PD
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)