

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 # **H38663** (1)

1. Corporation Name

GRYPHON JEWELERS, INC.



Principal Place of Business

**4221 LOWN STREET NORTH
ST. PETERSBURG FL 33714
US**

Mailing Address

**P.O. BOX 61244
ST. PETERSBURG FL 33784
US**

3. Date Incorporated or Qualified
01/21/1985

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2628349

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

10. Name and Address of New Registered Agent

**WALTERS, JAYCE P.
247 49TH AVE N LOT 215
ST. PETERSBURG FL 33703**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of person to be appointed as registered agent

Signature of Registered Agent (signature required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PVD	WALTERS, JAYCE	247 49TH AVENUE, NORTH LOT 215	ST PETERSBURG FL	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
11	12	13	14	☐	☐	☐
21	22	23	24	☐	☐	☐
31	32	33	34	☐	☐	☐
41	42	43	44	☐	☐	☐
51	52	53	54	☐	☐	☐
61	62	63	64	☐	☐	☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2/7/96

813-521-303C
Filing Price: \$

CR2E034 (12/95)