

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 # J01835 (4)

1. Corporation Name

T. BASCOM JEWELRY DESIGNS, INC.



Principal Place of Business

119 S. COLLINS ST  
PLANT CITY FL 33566  
US

Mailing Address

119 S. COLLINS ST.  
PLANT CITY FL 33566  
US

2. Principal Place of Business

21 113 S COLLINS ST

Suite, Apt. #, etc.

22

23 Plant City FL

Zip

Country

24 33566

25 Hills

2a. Mailing Address

26 113 S COLLINS ST

Suite, Apt. #, etc.

27

28 Plant City FL

Zip

Country

29 33566

30 Hills

9. Name and Address of Current Registered Agent

STACKHOUSE, THOMAS BASCOM JR.  
119 S. COLLINS  
PLANT CITY FL 33566

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

113 S. COLLINS ST

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/03/1986

3a. Date of Last Report

06/08/1995

4. FEI Number

59-2652056

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when revising)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME STACKHOUSE, THOMAS B. JR  
STREET ADDRESS 2638 BRIDLE DRIVE  
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE D  
NAME STACKHOUSE, BENNIE, F  
STREET ADDRESS 1014 ROSEDALE AVE  
CITY-ST-ZIP ALBANY GA

☐ 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.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), 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

4-8-96

(813) 7524149

CR2E034 (12/95)