

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J01835
1. Corporation Name
T. BASCOM JEWELRY DESIGNS, INC.

(4)

Principal Place of Business

113 S COLLINS ST
PLANT CITY FL 33566
US

Mailing Address

113 S COLLINS ST
PLANT CITY FL 33566-5520
US

2. Principal Place of Business

21 30850 15th Ave

Suite, Apt. #, etc.

22

City & State

23 ZEPHYRHILLS FL

Zip

24 33540

Country

25 PASCO

26 PO Box 1256

27 Suite, Apt. #, etc.

28

City & State

29 ZEPHYRHILLS FL

Zip

30 33539

Country

31 33540

9. Name and Address of Current Registered Agent

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

81 Name

STACKHOUSE, THOMAS BASCOM JR.

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

30850 15th Ave

83

84 City

ZEPHYRHILLS

85

Zip Code 33540

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: *Thomas B. Stackhouse Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: *5-10-97*

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKHOUSE, THOMAS B. JR		1.2 NAME	
STREET ADDRESS	2838 BRIDLE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKHOUSE, BENNIE, F		2.2 NAME	
STREET ADDRESS	1014 ROSEDALE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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: *Thomas B. Stackhouse Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-97 (813) 754-8000

Daytime Phone #

CR2E034 (9/96)