

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

FILED

May 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J01835** (4)

1. Corporation Name

**T. BASCOM JEWELRY DESIGNS, INC.**

Principal Place of Business

**113 S COLLINS ST  
PLANT CITY FL 33566  
US**

Mailing Address

**113 S COLLINS ST  
PLANT CITY FL 33566-5529  
US**

3. Date Incorporated or Qualified  
**03/03/1986**

3a. Date of Last Report  
**04/11/1996**

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

2. Principal Place of Business

21 **30850 15th Ave**

Suite, Apt. #, etc.

22 City & State

23 **ZEPHYRHILLS FL**

24 **33540**

25 **PASCO**

2a. Mailing Address

26 **PO Box 1256**

Suite, Apt. #, etc.

27 City & State

28 **ZEPHYRHILLS FL**

29 **39539**

30 **PASCO**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **STACKHOUSE THOMAS BASCOM JR**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**30850 15th Ave**  
 83  
 84 City **ZEPHYRHILLS** **FL** 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 Stackhouse Jr*

(NOTE: Registered Agent signature required when reinstating)

5-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>STACKHOUSE, THOMAS B. JR</b>	
STREET ADDRESS	<b>2638 BRIDLE DRIVE</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STACKHOUSE, BENNIE, F</b>	
STREET ADDRESS	<b>1014 ROSEDALE AVE</b>	
CITY - ST - ZIP	<b>ALBANY GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Stackhouse Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-97

Date

(813) 754-4800

Daytime Phone #

CR2E034 (9/96)