FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J01835 (4)T. BASCOM JEWELRY DESIGNS, INC. Mailing Address Principal Place of Business 30850 15TH AVE. P.O. BOX 1256 ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33539 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1986 2. Principal Place of Business 2a. Mailing Address FE! Number Applied For 26 59-2652056 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Country 8. This corporation owes or has paid the current year intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STACKHOUSE, THOMAS BASCOM JR. 30850 15TH AVE. Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS FL 33540 83 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 (NOTE: Registered Agent signature requ DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE 1,2 NAME NAME STACKHOUSE, THOMAS B. JR STREET ADDRESS 2638 BRIDLE DRIVE 1 3 STREET ADDRESS PLANT CITY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME STACKHOUSE, BENNIE, F 2.2 NAME 1014 ROSEDALE AVE 2.3 STREET ADDRESS STREET ADDRESS ALBANY GA 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change Addition ___ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ___ Addition

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

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE

Momis & Stackhouse & D

TITLE NAME

STREET ADDRESS