

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 MAY -1 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P28702 (9)**

1. Corporation Name

**REEDS JEWELERS OF NORTH CAROLINA, INC.**

Principal Place of Business

2525 S. 17TH STREET  
P.O. BOX 2229  
WILMINGTON NC 28402

Mailing Address

2525 S. 17TH STREET  
P.O. BOX 2229  
WILMINGTON NC 28402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1990

3a. Date of Last Report

04/26/1994

4. FEI Number

56-1441706

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ZIMMER, ALAN M.

STREET ADDRESS

2525 S. 17TH STREET

CITY - ST - ZIP

WILMINGTON NC

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

CD

Zimmer, William R.

2525 S. 17th Street

Wilmington, NC 28401

☐ Change

☒ Addition

TITLE

V

NAME

WESTMORELAND, ORVILLE R.

STREET ADDRESS

2525 S. 17TH STREET

CITY - ST - ZIP

WILMINGTON NC

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

V

Metzner, Allan E.

2525 S. 17th Street

Wilmington, NC 28401

☐ Change

☒ Addition

TITLE

V

NAME

WRIGHT, DONALD J., JR.

STREET ADDRESS

2525 S. 17TH STREET

CITY - ST - ZIP

WILMINGTON NC

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

V

Smith, Gerald

2525 S. 17th Street

Wilmington, NC 28401

☐ Change

☒ Addition

TITLE

V

NAME

HOLMBERG, DAVID L.

STREET ADDRESS

2525 S. 17TH STREET

CITY - ST - ZIP

WILMINGTON NC

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

V

Holmberg, David L.

2525 S. 17th Street

Wilmington, NC 28401

☒ Change

☐ Addition

Deletion

TITLE

SD

NAME

ZIMMER, ROBERTA G.

STREET ADDRESS

2525 S. 17TH STREET

CITY - ST - ZIP

WILMINGTON NC

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

T

NAME

ROUSE, JAMES R.

STREET ADDRESS

2525 S. 17TH STREET

CITY - ST - ZIP

WILMINGTON NC

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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 110.07(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

DATE

Signature Required