

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 1:17

DOCUMENT # P92000003023 (8)

1. Corporation Name

SUZANE'S JEWELRY, INC.

Principal Place of Business

**1200 RETTA ESPLANADE
UNIT 3
PUNTA GORDA FL 33950**

Mailing Address

**1200 RETTA ESPLANADE
UNIT 3
PUNTA GORDA FL 33950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1992

3a. Date of Last Report

05/31/1994

4. FEI Number

65-0370469

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. Has corporation been liable 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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

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 date of appointment

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
SOULES, JIM
1125 BELMAR AVE
PORT CHARLOTTE FL 33952**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**STD
SOULES, SUSAN
1125 BELMAR AVE
PORT CHARLOTTE FL 33952**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**PD
SOULES, Jim**

180 SAN MARCO

St. Augustine, FL 32084

☒ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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 officer or director 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:

Susan Soules

Susan Soules

4-10-95

(813) 575-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Telephone Number)