CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:49

DOCUMENT # P93000025165 (0)

1. Corporation Name

TREASURES OF SILVER & GOLD INC.

Principal Place of Business	Mailing Address
12901 GULF BLVD E UNIT 4 MADEIRA BEACH FL 33708 US	12901 GULF BLVD E. UNIT 4 MADEIRA BEACH FL 33708 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3170022 ☐ 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

9. Name and Address of Current Registered Agent

DONNELLY, PATRICK G SR
19111 VISTA BAY DR., #206
INDIAN SHORES FL 34635

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT (D) P.	☐ Change ☐ Addition
NAME	DONNELLY, PATRICK G SR	12 NAME		
STREET ADDRESS	19111 VISTA BAY DR., #206	13 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 34635	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	DONNELLY, PATRICK K	22 NAME	REMOVE.	
STREET ADDRESS	19111 VISTA BAY DR #206	23 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	SECRETARY/TREASURER.	☑ Change ☐ Addition
NAME	MONIA, SALLY	32 NAME	DONNELLY SALLY (D) T/S	
STREET ADDRESS	19111 VISTA BAY DR #206	33 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL	34 CITY-ST-ZIP	34635	
TITLE		41 TITLE	VICE-PRESIDENT (V)	☐ Change ☑ Addition
NAME		42 NAME	GERALDINE L. GRZELO	
STREET ADDRESS		43 STREET ADDRESS	10962 109TH ST. N.	
CITY-ST-ZIP		44 CITY-ST-ZIP	LARGO, FL. 34648	
TITLE		51 TITLE	VICE-PRESIDENT (V)	☐ Change ☑ Addition
NAME		52 NAME	DOLORES W. WILLIAMS.	
STREET ADDRESS		53 STREET ADDRESS	4200 70TH AVE.	
CITY-ST-ZIP		54 CITY-ST-ZIP	PINELLAS PARK, FL. 34665	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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 changed, or on an attachment with an address.

SIGNATURE: PATRICK G. DONNELLY SR. 4/11.1ST.95. (813)398-5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000017A CR