

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
COMPTROLLER
CORPORATION DIVISION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 2:56

DOCUMENT # P94000058371 (3)

1. Corporation Name

CLAUDIA'S JEWELRY SOURCE CORP.

Principal Place of Business

2205-F GRANT AVENUE
PANAMA CITY FL 32405

Mailing Address

2205-F GRANT AVENUE
PANAMA CITY FL 32405

DATE FILED WITH THIS REPORT

3. Date Report Submitted or Filed

08/05/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

2a. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

4. FFL Number

59-3282005

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 Ch. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FILLORAMO, CLAUDIA V
2205-F GRANT AVENUE
PANAMA CITY FL 32405

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 of registered agent and their address)

(Signature of Registered Agent (Signature required when filing)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
FILLORAMO, CLAUDIA V
2205-F GRANT AVENUE
PANAMA CITY FL 32405

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
VASTA, JOHN J
929 ANDREW CIRCLE
PANAMA CITY FL 32405

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 subsection 194.03(4)(b) Florida Statutes. I further certify that the information included on this annual report or simplified 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 in the jurisdiction of the corporation; and that my signature shall have the same legal effect as if made under oath; that my name appears in Block 1, or Block 1a if changed, or on any attachment with any change.

SIGNATURE:

(Signature and Type of Officer or Director)

2/14/95

904/785-3000