

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074138

1. Corporation Name
ROFE JEWELERS INC.

Principal Place of Business
**8535-3 BAYMEADOWS RD SUITE 208
JACKSONVILLE FL 32256**

Mailing Address
**8535-3 BAYMEADOWS RD SUITE 208
JACKSONVILLE FL 32256**

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90091 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1994

4. FEI Number
59-3288586

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **8595 Beach Blvd.**
Suite, Apt. #, etc.
22 **#306**

2a. Mailing Address
26 **8595 Beach Blvd.**
Suite, Apt. #, etc.
27 **#306**

City & State
23 **Jacksonville, Fl.**
Zip Country
24 **32216** 25 **USA**

City & State
28 **Jacksonville, Fl.**
Zip Country
29 **32216** 30 **USA**

9. Name and Address of Current Registered Agent

GREGORY, JAMES E.
8535-3 BAYMEADOWS ROAD
SUITE #208
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name **Same**
82 Street Address (P.O. Box Number is Not Acceptable)
8595 Beach Blvd # 306
83
84 City **Jacksonville** 85 Zip Code **FL 32216**

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

James E. Gregory
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GREGORY, JAMES E**
STREET ADDRESS **8535-3 BAYMEADOWS ROAD, SUITE 208**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VTS** ☐ DELETE
NAME **TOOLE, MAJOR A.**
STREET ADDRESS **8538-3 BAYMEADOWS ROAD, SUITE 208**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ DELETE
NAME **GREGORY, PHYLLIS T**
STREET ADDRESS **8538-3 BAYMEADOWS ROAD, SUITE 208**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

James E. Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 **904-641-4653**
Date Daytime Phone #

CR2E034 (11/98)