FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S12478** **(1)**

1. Corporation Name
FAMILY JEWELS OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
% GERALDINE ANNE JOHNSON 1540 SW ST ANDREWS DRIVE PALM CITY FL 34990-2236	% GERALDINE ANNE JOHNSON 1540 SW ST ANDREWS DRIVE PALM CITY FL 34990-2236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1990
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1835 SW FOXPOINT TR	Suite, Apt. #, etc. 27 1835 SW FOXPOINT TR
City & State 23 PALM CITY FL	City & State 28 PALM CITY FL
Zip / Country 24 34990 / 25 MARTIN	Zip / Country 29 34990 / 30 MARTIN

4. FEI Number: 65-0233248 ☐ 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	10. Name and Address of New Registered Agent
CASCIO, TONY 20 W 5TH ST STUART 34994	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	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	JOHNSON, GERALDINE ANNE	12 NAME	JOHNSON, GERALDINE ANNE	
STREET ADDRESS	1540 SW ST ANDREWS DRIVE	13 STREET ADDRESS	1835 SW FOXPOINT TR.	
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VS	21 TITLE	VS	☒ Change ☐ Addition
NAME	JOHNSON, DAVID L	22 NAME	JOHNSON, DAVID L.	
STREET ADDRESS	1540 SW ST ANDREWS DR	23 STREET ADDRESS	1835 SW FOXPOINT TR	
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
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 the 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: Geraldine A. Johnson (GERALDINE A. JOHNSON) 4/17/95 407-286-2418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COYB010 CP