

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S62425** (1)

1. Corporation Name
ESPLING JEWELERS, INC.



Principal Place of Business: **9825 SAN JOSE BLVD. #40 JACKSONVILLE FL 32257 US**
Mailing Address: **9825 SAN JOSE BLVD. #40 JACKSONVILLE FL 32257 US**

3. Date Incorporated or Qualified: **06/26/1991**
3a. Date of Last Report: **06/05/1995**
4. FEI Number: **59-3071549**
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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent
**ESPLING, JOSEPH C
9825-40 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **ESPLING, JOSEPH C. 5232 HOOF PRINT DR., N. JACKSONVILLE FL** DELETE
VD **ESPLING, BEN 8036 ARGENTINE DRIVE JACKSONVILLE FL** DELETE
TSD **ESPLING, CARL 4848 VICTORIA CHASE CT. JACKSONVILLE FL** DELETE
 DELETE
 DELETE
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

**SVD
ESPLING, BEN
8036 ARGENTINE DRIVE
JACKSONVILLE, FL 32217**

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 owner 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 as an attachment with an address.

SIGNATURE: **JOSEPH C. ESPLING** 5/31/96 904-268-7975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)