SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

95 JUL -5 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V43810 (3)

1. Corporation Name
SCHILLING JEWELERS, INC.

Principal Place of Business
1850 SOUTH INLET DRIVE
MARCO ISLAND FL 33937

Mailing Address
149 S. BARFIELD DR.
MARCO ISLAND FL 33937
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1992
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0342241 ☐ 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 is eligible for ... Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 149 S. Barfield Dr.
Suite, Apt. #, etc.
22
City & State
23 Marco Island, FL
Zip
24 33937
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
WEBSTER, RONALD S.
ROYAL PALM MALL
985 COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL
65 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☒ Change ☐ Addition
NAME	SCHILLING, ERIC A.	1 NAME	
STREET ADDRESS	1782 MAYWOOD CT.	1 STREET ADDRESS	456 Parkhouse Ct.
CITY-ST-ZIP	MARCO ISLAND FL	1 CITY-ST-ZIP	33937
TITLE	VST	2 TITLE	☒ Change ☐ Addition
NAME	SCHILLING, ANNA M.	2 NAME	
STREET ADDRESS	1782 MAYWOOD CT.	2 STREET ADDRESS	456 Parkhouse Ct.
CITY-ST-ZIP	MARCO ISLAND FL	2 CITY-ST-ZIP	33937
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, has been ... and does not qualify for the exemption stated in Section ... 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 13 if changed, or on an attachment with an address.

SIGNATURE: Anna M. Schilling Anna M. Schilling 6/30/95 (941)642-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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