

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068945

Entity Name: J C JEWELERS CORPORATION, INC.**Current Principal Place of Business:**504 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**Current Mailing Address:**504 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**FEI Number:** 54-2115377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTELEONE, LOIS
141 POLK DRIVE
WINTER HAVEN, FL 33884 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PSD
Name	MONTELEONE, JOE
Address	141 POLK DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	VPTD
Name	MONTELEONE, LOIS
Address	141 POLK DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	VP
Name	MONTELEONE, JOSEPH C
Address	1045 MOCKINGBIRD CIRCLE
City-State-Zip:	WINTER HAVEN FL 33884

Title	ASST. TREASURER
Name	MONTELEONE, ANN MARIE
Address	342 ALACHUA
City-State-Zip:	WINTER HAVEN FL 33884

Title	VP
Name	MONTELEONE, RALPH
Address	431 BROWARD TERRACE
City-State-Zip:	WINTER HAVEN FL 33884

Title	VP
Name	MONTELEONE , JOE T
Address	1043 MOCKING BIRD CIRCLE
City-State-Zip:	WINTER HAVEN FL 33884

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOE MONTELEONE**PRESIDENT****04/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date