

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

CORPORATION  
ANNUAL REPORT  
1995



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

RECEIVED  
AND  
FILED

MAY 10 11:10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G80451** (9)

1. Corporation Name  
**CLASSIC CUTS INTERNATIONAL, INCORPORATED**

Principal Place of Business: **705 W. LUMSDEN BRANDON FL 33511**  
Mailing Address: **705 W. LUMSDEN BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1983**  
3a. Date of Last Report: **04/19/1994**

2. Development of Report  
21. State: Apt # etc.  
22. City & State  
23. Zip  
24. County  
25. Country  
26. Mailing Address  
27. State: Apt # etc.  
28. City & State  
29. Zip  
30. Country

4. FEI Number: **59-2393459**  
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**  
7. This corporation has liability or intangible tax under § 199.039, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GALLIE, JACK L.  
301 N. PARSONS AVE  
BRANDON FL 33511**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City  
B5. Zip Code: **FL**

11. I, the undersigned, the president of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 607.02(2), Florida Statutes.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME	PD COUGHLIN, ANITA SUSAN
2. STREET ADDRESS	714 DORADO COURT
3. CITY	BRANDON FL
4. STATE	
5. ZIP CODE	
6. COUNTY	
7. TITLE	
8. NAME	VD PAQUETTE, NANCY LEE
9. STREET ADDRESS	6339 COTTONWOOD DRIVE
10. CITY	APOLLO BEACH FL
11. STATE	
12. ZIP CODE	
13. COUNTY	
14. TITLE	
15. NAME	
16. STREET ADDRESS	
17. CITY	
18. STATE	
19. ZIP CODE	
20. COUNTY	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY	
25. STATE	
26. ZIP CODE	
27. COUNTY	
28. TITLE	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY		
4. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ZIP CODE		
6. COUNTY		
7. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		
9. STREET ADDRESS		
10. CITY		
11. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. ZIP CODE		
13. COUNTY		
14. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		
16. STREET ADDRESS		
17. CITY		
18. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. ZIP CODE		
20. COUNTY		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY		
25. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. ZIP CODE		
27. COUNTY		
28. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and shown and qualify for the description stated in Section 607.02(2)(b), Florida Statutes. I further certify that the information included 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 president 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 of Block 12b changed or on an addition with an address.

SIGNATURE: *Anita Susan Coughlin*  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 1-813 681-6650

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 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 Tallahassee, Florida

DOCUMENT # **G81002** (9)  
**BULL'S-EYE PAWN AND GUN, INC.**

Principal Office Address: % JEFFREY P. HAWKINS, 325 SOUTH MAIN STREET, BELLE GLADE FL 33430  
 Mailing Address: % JEFFREY P. HAWKINS, 325 SOUTH MAIN STREET, BELLE GLADE FL 33430

APPROVED AND FILED  
 JUN 10 11:03:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Created	2a. Mailing Address	3. Date Incorporated or Created	3a. Date of Last Report
21	26	01/26/1984	06/17/1994
4. FFI Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	Applied For / Not Applicable
59-2364565	<input type="checkbox"/>	<input type="checkbox"/>	\$8.75 Additional Fee Required
7. State of Incorporation	7a. City & State	8. This corporation has liability for activities for October 5, 1993, Florida Statutes	\$5.00 May Be Added to Fees
22	27	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JEFFREY P. HAWKINS 325 SOUTH MAIN STREET BELLE GLADE FL 33430	B1 Name B2 Street Address (if C) Box Number is Not Acceptable B3 B4 City B5 Zip Code

11. Pursuant to the provisions of sections 607.01 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 607.01506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D HAWKINS, JEFFREY P. 200 N.E 2ND ST. BELLE GLADE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		4. ZIP CODE	
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		8. ZIP CODE	
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. STREET ADDRESS	
CITY & STATE		11. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		12. ZIP CODE	

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and that it is true and correct 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 person or persons responsible to cause this report to be prepared as required by Chapter 607, Florida Statutes, and that my name appears on this report as an attachment with an address.

SIGNATURE: *Jeff Hawkins, Pres.* DATE: *6/22/95*