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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

P92000005531 (8)

1. Corporation Name

J & L PAWN SHOP, INC.

o a E i Milli Orior, ino.	
Principa! Place of Business	Mailing Address
2407 21ST ST NW	PO BOX 2993



2407 21ST ST NW PO BOX 2993 WINTER HAVEN FL 33880 WINTER HAVEN FL 33880		3880						
					3. Date Incorporated or Qualified 11/16/1992	3a. Date of Las 01/13	t Report /1995	
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For 59-3168723 Applied For Net Applied For		Applied For		
26					39-3 100723		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	F.	75 Additional se Required		
Crty & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 24	Country 25	Zıp 29]	Gounti	°у		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								
			8.	1 Name				
CARPENTER, JESSE O 2407 21ST ST NW WINTER HAVEN FL 33880			ā		ddress (P.O. Box Number is Not Acceptable)			
			8:	a				
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			8	' '		- FL	Zip Code	
11. Pursuant to the provisions of Sections 607,7502 and 607.1508 plantes, 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 charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and except the obligations of Section 60,0509 Florida Statutes. SIGNATURE								
<u>ئے ۔ ۔ ۔ ۔ ۔ </u>	Signature, typed or printed name of registered	agen/And title if applicable (NO) AND DIRECTORS	TE: Registered Ag	ont signature req	ured when renstating) ADDITIONS/CHANGES TO OFF	DATE OF AN ID CHEST OF	TORS IN 12	
12.	ST	DELETE	1 1 TIFLE		ADDITIONS/CHANGES TO OFF	CERS AND DIREC		
NAME (Carpenter, Jesse O	Present	1.2 NAME		_ · _			
STREET ADDRESS	2407 21ST NW		1.3 STREE	T ADDRESS			200	
CITY-ST-2IP	WINTER HAVEN FL 338		1 4 CiTY-	ST-ZIP				
TITLE	CARPENTER, DERRICK	□ DELETE	2 1 THILE	l l		Chan	ge 🔲 Addition 🏻 🤇	
NAME	2407 21 ST NW	U	2.2 NAME	i				
STREET ADDRESS	WINTER HAVEN FL			1 ADDRESS				
CITY-ST-7IP TITLE	VP	DELETE	2 4 C(1) Y -			Chang	ie Addition	
NAME	Carpenter, Linda H			i			, <u> </u>	
STREET ADDRESS	2407 21ST NW		33 STRE	ET ADDRESS				
CITY - ST - ZIP	WINTER HAVEN FL 338		3 4 CITY-	S1-ZIP				
TITLE		DELETE	4 1 TITLE			Chang	ge 🔲 Addition	
NAME			4.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP TITLE		☐ DELETE	44 CiTY- 5 1 TiTLE			Chang	ne-ribbA [] sq	
NAME			5.2 NAME				, , , , , , , , , , , , , , , , , , , ,	
STREET ADORESS				T ADDRESS				
CITY-S1-ZIP			5.4 CITY-					
TITLE		DELETE	6 1 TITLE			Chang	ge Addition	
NAME			6 2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6 4 CHTY -					
rectify that	r certify that the miormation supplied information indicated on this	ileu with this tiling is voluntarily turni.	sneo and doi	es not qualit	y for the exemption stated in Section 119, grate and that my signal are shall have the	∪7(ਤ)(k), Flonda Sta	itutes I further	

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)(k). Florida Statutes I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an office for of the corporation or the receiver or truthee 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 all achiment with any address.

SIGNATURE:

CHATORE AND TYPED OF PRINTED HISTE OF BIOMING OFFICER OR DIRECTOR

-11-96 941 294 8