FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 23 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 266102 (3)

1. Corporation Name
GATLIN'S GO FOR CASH, INC.

Principal Place of Business	Mailing Address
2705 EAST HANNA AVE TAMPA FL 33610	2705 EAST HANNA AVE TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1963
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21 GATLIN'S GO FOR CASH INC
22 Suite, Apt. #, etc.: 2705-E HANNA AVE.
23 City & State: TAMPA FLA.
24 Zip: 33610 25 Country: AMERICA

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

4. FEI Number: 59-1058326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $9.75 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GATLIN SR,C E
2705 E HANNA
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	GATLIN SR,C E	1.2 NAME	
STREET ADDRESS	1501 E COMANCH E AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V	2. TITLE	☐ Change ☐ Addition
NAME	GATLIN,C ELMON	2.2 NAME	
STREET ADDRESS	IKE SMITH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	ST	3. TITLE	☐ Change ☐ Addition
NAME	GATLIN,GRACIE L	3.2 NAME	
STREET ADDRESS	1501 E COMANCHE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V		☐ Change ☐ Addition
NAME	GATLIN, ALAN D.		
STREET ADDRESS	1505 E COMANCHE		
CITY-ST-ZIP	TAMPA FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 Block 13 if changed, or on an attachment with an asterisk.

I also not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further

SIGNATURE: Clyde E Gatlin CLYDE GATLIN 1-11-95 239-1157
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0204656 CP