FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 266102

(3)

GATLIN'S GO FOR CASH, INC.

FILED Jan 27 1997 8:00am Secretary of State

HANNA HIA	ID HAN OLDH ANDLE BLE	a n didir eseli diak ida

Principal Place of Business Mailing Address									
GATLING GO 2705-E HANN TAMPA FL 33		2705 EAST HANNA AVE TAMPA FL 33610-1461							
US					3. Date Incorporated or Qualified 3a. Date of Last Report 01/14/1963 02/23/1996				
	2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applie			plied For
21	h di . k .	26				59-1058326 Not Applicat			
Suite, Ap	ot #, etc	27 Suite, Apt. #, etc.	Suite, Apt. #, etc.		I h Certificate of Status Desired I I * """"			Additional Required	
City & St	ate	City & State				6. Election Campaign Financing	\$5	.00	May Be
23	Compte	28		-1		Trust Fund Contribution			Fees
Zip 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for Florida Statutes	intangible tax und PYes \(\Box\) No	der s.	199.032,
<u></u>	9. Name and Address of Curr		<u> 30 </u>			10. Name and Address of New Re			
GA	ATLIN SR,C E			81	Name				
	05 E HANNA		. }	82 Street Addr		ess (P.O. Box Number is Not Acceptate	le)		
	MPA FL 33610]						
				83					
			ſ	64	City		FL 85	Zip C	ode
11 Pursuar	nt to the provisions of Sections 607 ft	502 and 607 1508. Florida Stat	utes the at	201/6	named corr	poration submits this statement for the p		ina its	registered
office o	r registered agent, or both, in the Sta I am familiar with, and accept the obl	ite of Florida. Such change was	s authorizer	ribv.	the corporati	ion's board of directors. I hereby accept	of the appointmen	nt as	registered
SIGNATURE		igantins or, section 607.0000, i	i ioriua Stati	utes					
SIGNATURE	Signature, typed or ponted name of registered	agunt and the if applicable (No	O1E Registered	Agen	nt signature requir	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
THTLE	PD CATION CD C F	☐ DELETE	1.1 111		ł		Cha	ange	■ Addition
NAME STHEET ADDRESS	GATLIN SR,C E s 1501 E COMANCH E AVE.		1.2 NA		ADDRESS				
CITY-SI-ZIP	TAMPA FL		1.4 Cil						
TITLE	V	DELETE	2 1 111			100000000000000000000000000000000000000	Cha	ange	Addition
NAME	GATLIN,C ELMON		22 NA	AME					
STREET ADDRESS	NAT 01 1000 D.		2.3 ST	REE!	ADDRESS				
CITY - ST - 7IP	PLANT CITY FL		2. 4 CI	ITY-S	T-ZIP	·			
TITLE	ST	☐ DELETE	3.1 TIT	TLE			☐ Cha	ange	Addition
NAME	GATLIN, GRACIE L		3.2 NA			1			
STREET ADDRES					ADDRESS				
CITY-ST-ZIP	TAMPA FL	DELETE	3.4. CI		T-ZIP		☐ Ch	2004	Addition
TITLE NAME	CATIN ALAN D	L. Dette	4.1 Til 4.2 N/		}			anye	- Appliton
STREET ADDRES	GATLIN, ALAN D. s 1505 E COMANCHE				ADDRESS		Property of the second		
CITY-ST-ZIP	TAMPA FL		4.5 Ci				1		
TITLE		DELETE	5.1 Til				☐ Cha	ange	Addition
NAME			5.2 NA	AME		}			
STREET ADDRES	\$		5.3 \$1	REET	ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CrTY-ST-ZIP			5.4 CI	TY-SI	I - ZIP				-
THTLE		DELETE	6.1 TIT				☐ Ch		Addition
NAME			6.2 NA				+ 1		
STREET ADORES	is		1		ADDRESS				
CITY - ST., 7IP	i		64.00	TY-SI	(.70				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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 address.