

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

**DOCUMENT # F16680 (3)**  
1. Corporation Name  
**FORT WALTON GOLD EXCHANGE AND PAWN SHOP, INC.**

MAY -1 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**% RONALD J GERSETH  
92 S JOHN SIMMS PARKWAY  
VALPARISO FL 32580**

Mailing Address  
**1214 HWY 98 E  
FT WALTON BCH FL 33548  
US**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                 |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/29/1981</b>                                                                                                          | 3a. Date of Last Report<br><b>03/31/1994</b>           |
| 4. FET Number<br><b>59-2045285</b>                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                           | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 193.032,<br>Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. State, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>26. State, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                                                                                          |                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>INGRAM, DEE<br/>1214 HWY. 98 EAST<br/>FORT WALTON BCH FL 32548</b> | 10. Name and Address of New Registered Agent<br>81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br>85. Zip Code<br><b>FL</b> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 601.060(1) 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the responsibility of, the provisions of Sections 601.060(1) and 607.1508, Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS                          |                                                                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     |                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| 14. NAME<br>15. STREET ADDRESS<br>16. CITY, ST. ZIP | DV<br>WHITTEN, ROBERT G<br>2904 MACON RD<br>COLUMBUS, GA 00000              | 17. NAME<br>18. STREET ADDRESS<br>19. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME<br>21. STREET ADDRESS<br>22. CITY, ST. ZIP | DS<br>FUNDERBURK, KENNETH<br>1ST ALABAMA BANK BLDG<br>PHENIX CITY, FL 00000 | 23. NAME<br>24. STREET ADDRESS<br>25. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 26. NAME<br>27. STREET ADDRESS<br>28. CITY, ST. ZIP | DT<br>GERSETH, RONALD J<br>1214 US HWY 98 EAST<br>FT WALTON BCH, FL 00000   | 29. NAME<br>30. STREET ADDRESS<br>31. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME<br>33. STREET ADDRESS<br>34. CITY, ST. ZIP |                                                                             | 35. NAME<br>36. STREET ADDRESS<br>37. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 38. NAME<br>39. STREET ADDRESS<br>40. CITY, ST. ZIP |                                                                             | 41. NAME<br>42. STREET ADDRESS<br>43. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 44. NAME<br>45. STREET ADDRESS<br>46. CITY, ST. ZIP |                                                                             | 47. NAME<br>48. STREET ADDRESS<br>49. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 50. NAME<br>51. STREET ADDRESS<br>52. CITY, ST. ZIP |                                                                             | 53. NAME<br>54. STREET ADDRESS<br>55. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 56. NAME<br>57. STREET ADDRESS<br>58. CITY, ST. ZIP |                                                                             | 59. NAME<br>60. STREET ADDRESS<br>61. CITY, ST. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032, 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. But I am not an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report only as an attachment with an address.

SIGNATURE:

*Dee Ingram*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (60) 243 5563  
Date