FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY - 1 AM 10: 57

DOCUMENT # H76960 (4)

PAY DAYS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
5700 E. COLONIAL DR ORLANDO FL 32807	5700 E. COLONIAL ORLANDO FL 32867 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1985	04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 5829 E. COLONIAL	26 5829 E. COLONIAL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL 32807	City & State 28 ORLANDO, FL 32807
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2651165 ☐ 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

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
DUNEGAN, RICHARD E. 128 EAST LIVINGSTON ST. ORLANDO FL 32801	81 Name CHARLES H. STARK 82 Street Address (P.O. Box Number is Not Acceptable) 986 DOUGLAS AVE 83 84 City ALTAMONTE SPRINGS, FL 85 Zip Code 32714

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 X [signature] 5-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD L.	1 NAME	
STREET ADDRESS	5700 E. COLONIAL DR	1 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☒ Change ☐ Addition
NAME	MCINERNEY, MARTIN J.	2 NAME	(DELETE)
STREET ADDRESS	5700 E. COLONIAL DR	2 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2 CITY-ST-ZIP	
TITLE	STD	3 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES L.	3 NAME	
STREET ADDRESS	5700 E. COLONIAL DR	3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

REMITTED BY MAY 1

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 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.

SIGNATURE: X [signature] 4/27/95 (407) 249-4981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058058 CP