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FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H86441 (3)  
1. Corporation Name  
TICE PAWN SHOP, INC.

Principal Place of Business Mailing Address  
4019 PALM BEACH BLVD. 4019 PALM BEACH BLVD  
FORT MYERS FL 33916 FORT MYERS FL 33916  
US US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/21/1985  
4. FEI Number  
59-2700960  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21. 4019 Palm Beach Blvd  
Suite, Apt. #, etc.  
22. City & State  
23. Ft Myers, FL  
Zip 33916 Country USA  
24. 23916  
25. USA  
26. Mailing Address  
27. 4019 Palm Beach Blvd  
Suite, Apt. #, etc.  
28. City & State  
29. Ft Myers, FL  
Zip 33916 Country USA  
30. 33916

9. Name and Address of Current Registered Agent

MCQUINN, DENNIS L.  
9930 SAILVIEW CT  
APT 24  
FORT MYERS FL 33905

10. Name and Address of New Registered Agent

81. Name  
Dennis L McQuinn  
82. Street Address (P.O. Box Number is Not Acceptable)  
9930 SAILVIEW CT  
83. APT 24  
84. City  
Ft Myers  
85. Zip Code  
FL 33916

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  
Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  
Dennis L. McQuinn PM 1-5-98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	MCQUINN, DENNIS L.	9930 24 SAILVIEW CT	FT MYERS FL	<input type="checkbox"/>
D	WOOD, JAMES D.	5488 HARBOUR CASTLE DRIVE	FT. MYERS FL	<input type="checkbox"/>
D	WOOD, JOYCE A.	5488 HARBOUR CASTLE DRIVE	FT. MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I 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.

SIGNATURE  
Dennis L. McQuinn PM 1-5-98 941 694300

CR2E034 (10/97)