

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 11:03

DOCUMENT # J01608

1. Corporation Name

GATOR GUN AND PAWN, INC.

Principal Place of Business

Mailing Address

5240 BEACH BOULEVARD
JACKSONVILLE FL 32207

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JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/28/1986

06/02/1994

4. FEI Number

59-2682034

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROUCH, WORTH
4967 EMPIRE AVE.
JACKSONVILLE FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP
NAME: CROUCH, WORTH
STREET ADDRESS: 4967 EMPIRE AVENUE
CITY - ST - ZIP: JACKSONVILLE FL

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY - ST - ZIP:

TITLE: D
NAME: CROUCH, M.W.
STREET ADDRESS: 719 EGRET BLUFF LANE
CITY - ST - ZIP: JACKSONVILLE FL

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY - ST - ZIP:

TITLE: D
NAME: CROUCH, BETTY
STREET ADDRESS: 4967-EMPIRE AVE
CITY - ST - ZIP: JACKSONVILLE FL

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY - ST - ZIP:

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:

Worth Crouch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/95
DATE

904-396-5735
TELEPHONE NUMBER

CR2E034 (3/95)