

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:08

DOCUMENT # J64871 (3)

1. Corporation Name

AAA CASH-A-CHECK, INC.

Principal Place of Business

% J. DENNIS ADAMS
466 WEST TENNESSEE STREET
TALLAHASSEE FL 32301

Mailing Address

% J. DENNIS ADAMS
466 WEST TENNESSEE STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1987

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2796731

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, J. DENNIS
466 WEST TENNESSEE STREET
TALLAHASSEE FL 32301

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 fee if applicable)

(Typed Registered Agent signature required when terminating)

3-22-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ADAMS, J. DENNIS

STREET ADDRESS

466 W. TENNESSEE STREET

CITY- ST- ZIP

TALLAHASSEE FL

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

D

NAME

SASSER, EDGAR J.

STREET ADDRESS

504 DATURA STREET

CITY- ST- ZIP

WEST PALM BEACH FL

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

J. Dennis Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95
J. Dennis Adams (904) 222-2878
Treasurer