

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

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90 MAY -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L16275** (4)

1. Corporation Name  
**OVIDO GUN & PAWN, INC.**

Principal Place of Business  
**19 E. BROADWAY  
OVIDO FL 32765  
US**

Mailing Address  
**19 E. BROADWAY  
OVIDO FL 32765  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/13/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **69-0903842** 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. 194.032 Florida Statutes  Yes  No

2. Principal Place of Business

26. Mailing Address

21. State Apt # etc.

26. State Apt # etc.

22. City & State

27. City & State

23. Country

28. Country

24. State

25. Zip

29. State

30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINS, ROBERT C., JR.  
230 LOOKOUT PLACE  
SUITE 1600  
MAITLAND FL 32751**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(3), 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.04(2), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

12.1	<b>D</b>
NAME	<b>BUCHANAN, JO-ANN E.</b>
STREET ADDRESS	<b>52 CLARK STREET</b>
CITY & STATE	<b>OVIDO FL</b>
12.2	<input checked="" type="checkbox"/>
NAME	
STREET ADDRESS	
CITY & STATE	
12.3	
NAME	
STREET ADDRESS	
CITY & STATE	
12.4	
NAME	
STREET ADDRESS	
CITY & STATE	
12.5	
NAME	
STREET ADDRESS	
CITY & STATE	

13.1	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2		
13.3		
13.4	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.5	<b>BUCHANAN, STEVEN L.</b>	
13.6	<b>52 CLARK ST.</b>	
13.7	<b>OVIDO FL 32765</b>	
13.8		
13.9		
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13.20		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.032(1), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jo-Ann E. Buchanan*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**JO-ANN E. BUCHANAN**

**17 MAR 95** **407 3659780**