

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90089 008 \*\*\*150.00

DOCUMENT # L16275

1. Corporation Name  
OVIEDO GUN & PAWN, INC.

Principal Place of Business

19 E. BROADWAY  
OVIEDO FL 32765  
US

Mailing Address

19 E BROADWAY  
OVIEDO FL 32765  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1989

4. FEI Number

59-0903042-59-3561722

☒ 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 the current year intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 115 GENEVA DR

2a. Mailing Address

26 115 GENEVA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OVIEDO, FL

City & State

28 OVIEDO FL

Zip 32765

Country USA

Zip 32765

Country USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, JO-ANN E.	
STREET ADDRESS	898 KINGSBRIDGE DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, STEVEN L.	
STREET ADDRESS	898 KINGSBRIDGE DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Melecio, Cesar A.	
1.3 STREET ADDRESS	1002 Willa Ct.	
1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Melecio, Kathleen S.	
2.3 STREET ADDRESS	1002 Willa Ct.	
2.4 CITY-ST-ZIP	OVIEDO, FL 32765	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Kathleen S. Melecio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99

Date

407-359-5883

Daytime Phone #

CR2E034 (11/98)