FILE NOW: FILING FEE AFTER MAY 1, 1995 $$$

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L41755 (4)

1. Corporation Name
RELIABLE JEWELRY & PAWN INC.

Principal Place of Business	Mailing Address
1820 AIRPORT RD S NAPLES FL 33962-0816	1820 AIRPORT RD S NAPLES FL 33962-0816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1990	3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0165184	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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHEFFY, JANE YEAGER
HARDT & STEWART
801 LAUREL OAK DR, STE 705
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: CHEFFY, JANE YEAGER
82 Street Address (P.O. Box Number is Not Acceptable): 2375 TAMIAMI TRAIL N. #207
83
84 City: NAPLES FL 85 Zip Code: 33940

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: Jane Yeager Cheffy — JANE YEAGER CHEFFY — 4/21/95
Signature of owner or printed name of registered agent and title if applicable. TITLE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	AMIDON, PETER C	12 NAME	AMIDON, PETER C.	
STREET ADDRESS	1355 ROYAL PALM DR	13 STREET ADDRESS	739 OLD TRAIL DRIVE	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	NAPLES, FL 33940	
TITLE	VST	21 TITLE	VST	☒ Change ☐ Addition
NAME	AMIDON, PETER C	22 NAME	AMIDON, PETER C.	
STREET ADDRESS	1355 ROYAL PALM DR	23 STREET ADDRESS	739 OLD TRAIL DRIVE	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	NAPLES, FL 33940	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: Peter C. Amidon — President — 1-23-95 — 813 775-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330622 CP