

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:56

DOCUMENT # L42093

(9)

1. Corporation Name

NEBRASKA PAWN, INC.

Principal Place of Business

4412 N. NEBRASKA
TAMPA FL 33603
US

Mailing Address

7326 SUNSHINE CIRCLE
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/12/1990

3a. Date of Last Report

01/27/1994

4. FEI Number

59-2986905

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MENDOZA, SONNY
7326 SUNSHINE CIRCLE
TAMPA FL 33634

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
MORGAN, KENNETH A.
7326 SUNSHINE CIR
TAMPA FL

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE

VST
MENDOZA, SONNY
7326 SUNSHINE CIR
TAMPA FL

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE

D
MENDOZA, SONNY
7326 SUNSHINE CIR
TAMPA FL

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

TITLE

7.1 TITLE

☐ Change ☐ Addition

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY - ST - ZIP

7.4 CITY - ST - ZIP

TITLE

8.1 TITLE

☐ Change ☐ Addition

NAME

8.2 NAME

STREET ADDRESS

8.3 STREET ADDRESS

CITY - ST - ZIP

8.4 CITY - ST - ZIP

TITLE

9.1 TITLE

☐ Change ☐ Addition

NAME

9.2 NAME

STREET ADDRESS

9.3 STREET ADDRESS

CITY - ST - ZIP

9.4 CITY - ST - ZIP

SIGNATURE:

(Signature)

(SONNY MENDOZA)

VST, D

11 FEB 95

(813) 237-1562

SIGNATURE AND EXACT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number