

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 11 1996 8:00 am
Secretary of State

DOCUMENT # L51711 (4)

1. Corporation Name

PAYDAY OF AMERICA, INCORPORATED



Principal Place of Business

C/O PATRICIA L. SHEPHERD
P.O. BOX 47796
JACKSONVILLE FL 32247

Mailing Address

C/O PATRICIA L. SHEPHERD
P.O. BOX 47796
JACKSONVILLE FL 32247

2. Principal Place of Business

21 4901 Atlantic Blvd

Suite, Apt. #, etc

22 City & State

23 JACKSONVILLE, FL

24 Zip

32207

25 County

26 Duval

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/16/1990

3a. Date of Last Report

03/22/1995

4. FEI Number

59-3028955

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

9. Name and Address of Current Registered Agent

GREGORY, RODNEY G
3900 ATLANTIC BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

Jim McMurry

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

4435 Emerson St

83

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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 607.0503, Florida Statutes.

SIGNATURE

Patricia L. Shepherd

(NOTE: Registered Agent sign only the following when appointing)

DATE

6/5/96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SHEPHERD, PATRICIA L.
STREET ADDRESS 3213 CORVETTE PLACE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

3213

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

Patricia L. Shepherd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 904 398-3374

CR2E034 (12/95)