FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:18

DOCUMENT # L89473 (7)

1. Corporation Name
FIRST NATIONAL PAWN, INC.

Principal Place of Business	Mailing Address
511-C GREENE STREET KEY WEST FL 33040 US	4 N. 29TH STREET BILLINGS MT 59101 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1990
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0209547 ☐ 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

BROWN, BARBARA D.
511-C GREENE STREET
KEY WEST FL 33040

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: Barbara Brown 1/12/95
Signature of the printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	1.1 TITLE	DVT	☑ Change ☐ Addition
NAME	BROWN, BARBARA D.	1.2 NAME	Barbara D. Brown	
STREET ADDRESS	511-C GREENE STREET	1.3 STREET ADDRESS	511-C Greene Street	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	Key West, FL	
TITLE	P	2.1 TITLE	DVP	☑ Change ☐ Addition
NAME	BROWN, BEN L.	2.2 NAME	Benjamin L. Brown	
STREET ADDRESS	511-C GREENE STREET	2.3 STREET ADDRESS	511-C Green St.	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	Key West, FL	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, BARBARA D.	3.2 NAME		
STREET ADDRESS	511-C GREENT STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	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		

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: Barbara D Brown 1/12/95 (406) 245-0111
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480551 FN