

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**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90014 009 \*\*\*150.00

04-25-1999 90014 010 \*\*\*\*\*8.75

DOCUMENT # **L89473**

1. Corporation Name

**FIRST NATIONAL PAWN, INC.**

Principal Place of Business

**511-C GREENE STREET  
KEY WEST FL 33040  
US**

Mailing Address

**4 N. 29TH STREET  
BILLINGS MT 59101  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/23/1990**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

**21 101 ANN ST.**

Suite, Apt. #, etc.

**22 Suite 101**

City & State

**23 KEY WEST FL**

Zip

Country

**24 33040 25 USA**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**BROWN, BENJAMIN L  
511-C GREENE ST  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

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

**101 ANN ST.**

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. am fa

SIGNATURE

*Benjamin L Brown*

**BENJAMIN L BROWN**

**4/9/99**

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DPT  
BROWN, BENJAMIN L  
511-C GREENE STREET  
KEY WEST FL**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DVP  
BROWN, BENJAMIN L JR  
511-C GREENE ST.  
KEY WEST FL**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**S  
NEAL, MONTE  
511-C GREENE STREET  
KEY WEST FL**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DELETED**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DELETED**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DELETED**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

**101 ANN ST. Suite 101**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

**101 ANN ST. Suite 101**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

**101 ANN ST. Suite 101**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

**VICE PRESIDENT  
EVENSON, PATRICK  
101 ANN ST. Suite 101  
Key West, FL 33040**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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:

*Monte Neal*

**SECRETARY MONTE NEAL**

**4/9/99**

**405-245-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)