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

APPROVED AND FILED
95 APR 10 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M90233** (1)

1. Corporation Name
PANHANDLE GUN AND PAWN, INC.

Principal Place of Business	Mailing Address
4013-A WOODVILLE HWY TALLAHASSEE FL 32311 US	4013 WOODVILLE HWY STE A TALLAHASSEE FL 32311-7439 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1988
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-2009011 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): #2
Suite, Apt. #, etc. (27): #2

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, HARRY H.
103 NORTH GADSDEN STREET
TALLAHASSEE FL 32301

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 607.1908, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	D/P ☑ Change ☐ Addition
NAME	PARARO, WILLIAM R.	12 NAME	Pararo, William R
STREET ADDRESS	299 HOFFMAN DRIVE	13 STREET ADDRESS	1050 Winfield Forest Dr.
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	DST	21 TITLE	DST ☑ Change ☐ Addition
NAME	PARARO, CARLA G.	22 NAME	Pararo, Carla G.
STREET ADDRESS	299 HOFFMAN DRIVE	23 STREET ADDRESS	1050 Winfield Forest Dr.
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	V	31 TITLE	V ☑ Change ☐ Addition
NAME	PARARO, CARLA G.	32 NAME	Pararo, Carla G.
STREET ADDRESS	299 HOFFMAN DRIVE	33 STREET ADDRESS	1050 Winfield Forest Dr.
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, FL 32311
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)(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 alteration.

SIGNATURE: Carla G. Pararo — 4-5-95 — 877-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP