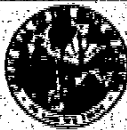


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M90233

(1)

1. Corporation Name

PANHANDLE GUN AND PAWN, INC.

Principal Place of Business

4013-A WOODVILLE HWY
TALLAHASSEE FL 32311
US

Mailing Address

4013 WOODVILLE HWY STE A
TALLAHASSEE FL 32311-7439
US

APPROVED
AND
FILED

95 APR 10 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1988

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2000011

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

21

Suite, Apt. #, etc.

#2

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

#2

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	PARARO, WILLIAM R.
STREET ADDRESS	299 HOFFMAN DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	DST
NAME	PARARO, CARLA G.
STREET ADDRESS	299 HOFFMAN DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	V
NAME	PARARO, CARLA G.
STREET ADDRESS	299 HOFFMAN DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	Pararo, William R.	
1.3 STREET ADDRESS	1050 Winfield Forest Dr.	
1.4 CITY - ST - ZIP	Tallahassee, FL 32311	
2.1 TITLE	DST	☒ Change ☐ Addition
2.2 NAME	Pararo, Carla G.	
2.3 STREET ADDRESS	1050 Winfield Forest Dr.	
2.4 CITY - ST - ZIP	Tallahassee, FL 32311	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	Pararo, Carla G.	
3.3 STREET ADDRESS	1050 Winfield Forest Dr.	
3.4 CITY - ST - ZIP	Tallahassee, FL 32311	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carla G. Pararo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

877-2831

Date

Telephone Area #