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Jul 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N18456 (6)

1. Corporation Name

FLORIDA PAWNBROKERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12300 SEMINOLE BLVD
STE 4
LARGO FL 33778

12300 SEMINOLE BLVD
STE 4
LARGO FL 33778-2728

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GRUBBS, GARY
12300 SEMINOLE BLVD
LARGO FL 33778

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
09/30/1996

4. FET Number
59-2495656

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EV	☐ DELETE
NAME	SPRUNG, MARTIN	
STREET ADDRESS	736 NW 183RD ST	
CITY- ST- ZIP	MIAMI FL 33169	
TITLE	VD	☐ DELETE
NAME	PORTER, WALTER	
STREET ADDRESS	14 SW 1ST AVE	
CITY- ST- ZIP	OCALA FL 34474	
TITLE	VD	☐ DELETE
NAME	BROWN, RONALD	
STREET ADDRESS	610-A E CERVANTES	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE	VD	☐ DELETE
NAME	NEWMAN, BARRY	
STREET ADDRESS	5030 BLANDING BLVD	
CITY- ST- ZIP	JACKSONVILLE FL 32210	
TITLE	P	☐ DELETE
NAME	GRUBBS, GARY	
STREET ADDRESS	12300 SEMINOLE BLVD	
CITY- ST- ZIP	LARGO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (9/96)