

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000007172 (8)

1. Corporation Name

B & C PAWN, INC.

Principal Place of Business

5130 S. DALE MABRY HWY
SUITE 111
TAMPA FL 33611

Mailing Address

5130 S. DALE MABRY HWY
SUITE 111
TAMPA FL 33611



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt., #, etc.	26	Suite, Apt., #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

BAILEY, ROBERT W
4107 MANGO
TAMPA FL 33616

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

09/21/1995

4. FEI Number

65-0383279

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

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

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BAILEY, REBECCA A	
STREET ADDRESS	4107 MANGO	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	SD	☐ DELETE
NAME	BAILEY, ROBERT W	
STREET ADDRESS	4107 MANGO	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	VD	☐ DELETE
NAME	CLIFTON, ELIZABETH L	
STREET ADDRESS	4705 IOWA AVE.	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	TD	☐ DELETE
NAME	CLIFTON, THURMAN H	
STREET ADDRESS	4705 IOWA AVE.	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (813)835-4096
Date of Filing

CR2E034 (12/95)