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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33611-3500



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
03/21/1996

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

9. Name and Address of Current Registered Agent

BAILEY, ROBERT W
4107 MANGO
TAMPA FL 33616

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

THURMAN H CLIFTON JR

4705 IOWA AVE

TAMPA

FL

33616

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

(NOTE: Registered Agent signature required when reinstating)

DATE

THURMAN H CLIFTON JR

THURMAN H CLIFTON JR

1/28/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILEY, REBECCA A
STREET ADDRESS 4107 MANGO
CITY - ST - ZIP TAMPA FL 33616

TITLE SD
NAME BAILEY, ROBERT W
STREET ADDRESS 4107 MANGO
CITY - ST - ZIP TAMPA FL 33616

TITLE VD
NAME CLIFTON, ELIZABETH L
STREET ADDRESS 4705 IOWA AVE.
CITY - ST - ZIP TAMPA FL 33616

TITLE TD
NAME CLIFTON, THURMAN H
STREET ADDRESS 4705 IOWA AVE.
CITY - ST - ZIP TAMPA FL 33616

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME THURMAN H CLIFTON JR
1.3 STREET ADDRESS 4705 IOWA AVE
1.4 CITY - ST - ZIP TAMPA, FL 33616

2.1 TITLE VP
2.2 NAME ELIZABETH L CLIFTON
2.3 STREET ADDRESS 4705 IOWA AVE
2.4 CITY - ST - ZIP TAMPA FL 33616

3.1 TITLE SEC/TRES
3.2 NAME THURMAN H CLIFTON III
3.3 STREET ADDRESS 4705 IOWA AVE
3.4 CITY - ST - ZIP TAMPA FL 33616

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THURMAN H CLIFTON JR

THURMAN H CLIFTON JR

1/28/97 (813)

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CR2E034 (9/96)