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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

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

9. Name and Address of Current Registered Agent

CLIFTON, THURMAN H JR
4705 IOWA AVE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

DELETE

NAME

THURMAN, H CHIFTON J

STREET ADDRESS

4705 IOWA AVE

CITY - ST - ZIP

TAMPA FL

TITLE

VP

DELETE

NAME

CLIFTON, ELIZABETH L

STREET ADDRESS

4705 IOWA AVE

CITY - ST - ZIP

TAMPA FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

You misspelled my name

Change

Addition

1.2 NAME

Clifton Thurman H JR President

1.3 STREET ADDRESS

4705 Iowa Ave Tampa FLA 33616

1.4 CITY - ST - ZIP

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

14. I 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:

Signature and typed or printed name of signing officer or director
THURMAN H CLIFTON

1-8-98

813-835-4296

Date

Daytime Phone # 0375266

CR2E034 (10/97)