

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90217 014 ***150.00

DOCUMENT # P93000012553

1. Corporation Name
DISCOUNT MUSIC, PAWN & GUN INC.



Principal Place of Business
~~1618 SOUTH PINE AVENUE~~
~~OCALA FL 34474~~
1710 NW 10TH ST
OCALA FL 34475

Mailing Address
~~1618 SOUTH PINE AVENUE~~
~~OCALA FL 34474~~
1710 NW 10TH ST
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|---------------------|--|--|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 1710 NW 10TH ST | 26 SAME | 02/12/1993 | 59-3163067 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 | 27 | | | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 23 Ocala FL Marion | 28 | Trust Fund Contribution | | |
| Zip | Country | 8. This corporation owes the current year Intangible | | |
| 24 34475 | 25 USA | Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 29 | 30 | | | |

9. Name and Address of Current Registered Agent

GAY, TIMOTHY A
1618 SOUTH PINE AVENUE
OCALA FL 34474

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 Timothy A Gay President DATE 4-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAY, TIMOTHY A | 1.2 NAME | |
| STREET ADDRESS | 5315 SE 13TH PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COCCOLI, LOUIS | 2.2 NAME | |
| STREET ADDRESS | 3032 S E 5TH TERRACE APT A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Timothy A Gay President 4/10/99 352622-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0486297

CR2E034 (11/98)