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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	· · / · /	tary of State CORPORATIONS		
DOCUI	MENT # P9300	00013956 (6)	7	
,	R PAWN & GUN, INC.				
Phincipal Place	of Business	Mailing Address			84141 08101 11900 11140 (014) 01111 0111 1801
603 S. 14TH ST. LEESBURG FL 34748		603 S. 14TH ST.			
US	E 34740	LEESBURG FL 34748 US			
				3. Date incorporated or Qualified 02/17/1993	3a. Date of Last Report 03/07/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.		59-3167495	Not Applicable
22	, , ,	27		5. Certificate of Status Desired	See Required
Oity & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28] Ζιρ	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30		No □ No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
BI AIR. F	Robert e				
	AMINGO DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)
LEESBU	RG FL 34748		83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida Statut	es, the above named coroo	ration submits this statement for the pur	nose of changing its registered office
or register	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	onda. Such change was authoriz	red by the corporation's boa	rd of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE:	•	·			
12.	Signature, type thor printed name of registered ag-	enciarin tribilit applicable (NC IND DIRECTORS	OTE Registered Agrint signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
10LE	D	DELETE	1. 1 TITLE	ADDITIONS/OFFAINGES TO OFFI	Change Addition
KAME	BLAIR, ROBERT E		1.2 NAME		
STREET ADDRESS	1002 FLAMINGO DRIVE		1.3 STREET ADDRESS		
City St ZiF	LEESBURG FL 34748 D	D butt	14 CHY-ST-ZIP		
TII; f NAME	PERRY, RICHARD A	☐ DETEIF	2 1 THILE 22 NAME		Change Addition
STREET ADDRESS	628 S.E. 18TH STREET		23 STREET ADDRESS		
City St-ZIF	OCALA FL 34471		24 CITY-ST-ZIP		
THILF		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3 2 NAME		
City+St-ZiP			3.3 STREET ADDRESS 3.4 C/TY-ST-7/P		
Tif, F		DELETE	4 1 TITLE	,	Change Addition
NAMir			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-SI-7P HILE		DELETE	4.4 CHY-ST-ZIP 5.1 HILE		Change Addition
NAME			5 2 NAME		T comple T vocation
STHEF! ACCRESS			5 3 STREET ADDRESS		
C114 - S1 - 712		·····	5.4 CITY - ST - ZIP		M. Protter dry was a series
TI'LE NAME		DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6 2 NAME 6 3 STREET ADDRESS		
City-St-7/P			6 4 CITY - ST - ZIP		
	y certify that the information supplied	d with this filing is voluntarily furr	ished and does not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further

14. To hereby certify that the information supplied with this filing is voluntarily turnished 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:

Robert E Blase

Robert E Blase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)