SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015922 (6)**

1. Corporation Name

CASH MONEY OF HILLSBOROUGH, INC.

Principal Place of Business	Mailing Address
2310 W. WATERS AVENUE SUITE F TAMPA FL 33604	2310 W. WATERS AVENUE SUITE F TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1993**
3a. Date of Last Report: **09/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3160147** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Treasurer's Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. The corporation has subsidy for enterprise tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARLAND, DAVID L
14021 CITRUS POINTE DRIVE
TAMPA FL 33625

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 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: _____ NOTE: Registered Agent signature required when changing. DATE: _____

12. OFFICERS AND DIRECTORS		13.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, DAVID 14021 CITRUS POINTE DRIVE TAMPA FL 33625	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	P	☒ Change ☐ Addition
		5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY-ST-ZIP		☐ Change ☐ Addition
		9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY-ST-ZIP		☐ Change ☐ Addition
		13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP		☐ Change ☐ Addition
		17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY-ST-ZIP		☐ Change ☐ Addition
		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely harmless and 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 added above or on an attachment with an address.

SIGNATURE: David L Garland — DAVID L. GARLAND — 6/28/95 — 813-930-0484
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — (Area Code & Phone Number)

CR2E034 (3/95)

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