

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

FILED

Apr 30 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 # P93000066218 (7)

1. Corporation Name

AL'S PAWN AND RIFLE SHOP, INC.



Principal Place of Business

3682-C HIGHWAY 90  
MILTON FL 32571

Mailing Address

3682-C HIGHWAY 90  
MILTON FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1993

4. FEI Number

59-1614027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

FLEMING, EDWARD P  
4300 BAYOU BOULEVARD  
SUITE 12 & 13  
PENSACOLA FL 32503-1009

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 PS  
NAME KILBURN, ALTON T  
STREET ADDRESS 3682 SUITE #2  
CITY-ST-ZIP MILTON FL 32671

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C.O.O.  
12 NAME KILBURN ANITA FLO  
13 STREET ADDRESS 3682 SUITE #C  
14 CITY-ST-ZIP MILTON FL 32671

☐ Change ☒ Addition

21 TITLE S.T.  
22 NAME TIVA A. VANCE  
23 STREET ADDRESS 5458 CHANTILLY CIRCLE  
24 CITY-ST-ZIP MILTON FL 32570

☐ Change ☒ Addition

31 TITLE VP  
32 NAME KILBURN ALTON T.  
33 STREET ADDRESS 3682 SUITE #C  
34 CITY-ST-ZIP MILTON FL 32571

☒ Change ☐ Addition

41 TITLE VP  
42 NAME KILBURN MARSHALL T.  
43 STREET ADDRESS 3682 SUITE #C  
44 CITY-ST-ZIP MILTON FL 32571

☐ Change ☒ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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

Alton T. Kilburn 3682 Suite #C

CR2E034 (10/97)