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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000066218

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1614027	Applied For <input type="checkbox"/> No <input type="checkbox"/> Yes
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLEMING, EDWARD P 4300 BAYOU BOULEVARD SUITES 12 & 13 PENSACOLA FL 32503-1009				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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COO	1.1 TITLE	VP
NAME	KILBURN, ANITA FLO	1.2 NAME	KILBURN, MARSHALL T.
STREET ADDRESS	3682 STE #C	1.3 STREET ADDRESS	5559 CAMILLE GARDENS CIRCLE
CITY-ST-ZIP	MILTON FL 32671	1.4 CITY-ST-ZIP	MILTON FL 32570
TITLE	ST	2.1 TITLE	
NAME	VANCE, TINA A.	2.2 NAME	
STREET ADDRESS	5458 CHANTILLY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	KILBURN, ALTON T.	3.2 NAME	
STREET ADDRESS	2682 STE #C	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32571	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	KILBURN, MARSHALL T.	4.2 NAME	
STREET ADDRESS	3682 STE C	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32571	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Alton T. Kilburn VP

4-26-99

1-850-994.4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)