2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90246 038 ***150.00

DOCUMENT # P93000066218

1. Entity Name
AL'S PAWN AND RIFLE SHOP, INC.

Principal Place of Business	Mailing Address
3682-C HIGHWAY 90 MILTON FL 32571	3682-C HIGHWAY 90 MILTON FL 32571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1614027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEMING, EDWARD P 4300 BAYOU BOULEVARD SUITES 12 & 13 PENSACOLA FL 32503-1009	Name Street Address (P.O. Box Number is Not Acceptable) City / Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature required of registered agent if changing registered office address. (NOTE: Registered Agent's signature required when not changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO KILBURN, ANITA FLO ~~3682 STE #C~~ ~~MILTON FL 32571~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO KILBURN, ANITA F. 5052 FOREST CREEK DR PACE FL 32571	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VANCE, TINA A. ~~5458 CHANTILLY CIRCLE~~ ~~MILTON FL 32570~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VANCE, TINA A. 3707 DIAMOND ST PACE FL 32571	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KILBURN, ALTON T. ~~2682 STE #C~~ ~~MILTON FL 32571~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KILBURN ALTON T. 5052 FOREST CREEK DR PACE FL 32571	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KILBURN, MARSHALL T 5559 CAMILLE GARDENS CIR MILTON FL 32590	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alton T. Kilburn ALTON T. KILBURN 4-18-01 850 994-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone