2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am & Secretary of State DOCUMENT # P93000066218 1. Entity Name AL'S PAWN AND RIFLE SHOP, INC. 05-01-2002 91589 037 ***150.00 Principal Place of Business Mailing Address 3682-C HIGHWAY 90 3682-C HIGHWAY 90 MILTON FL 32571 MILTON FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1614027 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEMING, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BOULEVARD **SUITES 12 & 13** PENSACOLA FL 32503-1009 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE C00 ☐ Delete TITLE Change ☐ Addition KILBURN, ANITA F NAME NAME STREET ADDRESS 5052 FOREST CREEK DR. STREET ADDRESS PACE FL 32571 CITY-ST-7JP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME vance, tina a STREET ADDRESS 3707 DIAMOND ST. STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME KILBURN, ALTON T. NAME STREET ADDRESS 5052 FOREST CREEK DR. STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KILBURN, MARSHALL T NAME NAME STREET ADDRESS 5559 CAMILLE GARDENS CIR STREET ADDRESS CITY-ST-ZIP MILTON FL 32590 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

FILED