SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name P93000071552 (2) FLORIDA PAWN & GUN, INC.



Dringing Diagon	of Business		Ma	iling Address								
Principal Place o	o: positiess					_						
5829 S DALE I	BABRY			1480 S WOODLA BARTOW FL 338								
AGB TAMPA FL 33611 US			•	5				3. Date Incorporated or Qualified 10/15/1993	3a. Date of Last Report 02/08/1995			
2. Principal Plac	ce of Business		2a.	Mailing Addre	ss			4, FEI Number			Applied	
i]			26					59-3205448		60.7		plicable
Suite, Apt #,	etc			Suite, Apt. #, 6	etc			5. Certificate of Status Desired		-	5 Addit Require	
City & State			27	Crty & State				6. Election Campaign Financing		\$5.00 May Be		
City & State			28	C ty & oloto				Trust Fund Contribution	Ш		ed to Fe	•
Zip		Country	1=11	Zip		Cour	ntry	8. This corporation has trability for i			rs 199	032.
4	25		29			30		Florida Statutes	Yes [_]	No .		
	9. Name and	Address of Curren	t Regis	tered Agent			04 11	10. Name and Address of New Re	gistered Aç	jent		
GR	IFFIN, MARY I	В					81 Name					
1480 S. WOODLAWN AVE. BARTOW FL 33830							82 Street Add	ddress (P.O. Box Number is Not Acceptable)				
							83					
							63					
							84 City		FL	85	Zip Cod	е
12.		of FICERS AN		CTORS		13.) Agent signature requ	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC		N 12 Addition
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NAME	griffin, i						1					
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14. If do hereby certify that the information supplied with rins litting is voluntarily intrinsted and use of the same legal effect as if 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 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 further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Frontia Statules, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED APPRINTED MAKE OF SIGNATURE FRONTIAL COLUMN AND APPRINTED MAKE OF SIGNATURE OF DIRECTOR.

MARY B. CFL F. W. S. CFL F. W. S.