FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000031271 (7)

DJ'S JEWELRY & PAWN, INC.

Principal Place	e of Business	Mailing Address					
12405-4 N. MAIN ST. JACKSONVILLE FL 32218		12405-4 N. MAIN ST. JACKSONVILLE FL 32218					
					3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last 04/24/1	
2. Principal Pl 21	ace of Business	2a. Mailing Address			4. FEI Number 59-3235978		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Ζφ 24	Country 25	Zip 29	Count	ry	This corporation has liability for in Florida Statutes	intangible tax under s	
f71	9. Name and Address of Curr		130		10. Name and Address of New R		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	8	1 Name	IV. Transaction and Commence at 1999	all accion where	
	TON, DUELL L 4 N. MAIN ST.		8:	ŀ	ress (P.O. Box Number is Not Acceptab	yle)	
	ONVILLE FL 32218		8	3			
			8	4 City		FI 85 Z	Zip Code
11. Pursuant l	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above	-named corpor	ration submits this statement for the pur	rocco of changing the	registered office
or register	red agent, or both, in the State of Fic In, and accept the obligations of, Se	orida. Such change was author	ized by the cor	poration's boar	ird of directors. I hereby accept the appoint	ointment as registere	d agent. I am
	и, ата восерсите овнувноть от, ос	CHOFF OUT, COCO, FIORIDA MARINE	3S.				
SIGNATURE .	Sugnature, typical or printed makin of registered age	int and the if applicable (h	NOTE: Registered Ag	jort signature require	ad when reinstatrigi	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12
10.5	PST	DEL ETE	1. 1 TITLE	f		☐ Change	
NAME	JOHNSTON, DUELL L		1.2 NAM5	f			
STREET ADDRESS	12405-4 N. MAIN ST.		1.3 STRE	ET ADDRESS			
CITY S1-ZIP	JACKSONVILLE FL 32218		1.4 CITY-	-ST-ZIP			ŀ
11.18	V	DELETE	2 1 TITLE			☐ Change	☐ Addition
NAME	JOHNSTON, JANICE L		2.2 NAME	.		_	_
STREET ADDRESS	12405-4 N. MAIN ST.		2.3 STREE	ET ADDRESS			
City S1-7P	JACKSONVILLE FL		2 4 C(1)				
THE		[] DELETE	3. 1 TITLE			☐ Change	Addition
NAMS			3 2 NAME	į		. 	_
STREET ADDRESS			33 STRE	ET ADDRESS			
City-St-ZiP			3.4 CITY -				
THEF		DEVETE	4 1 TITLE			Change	Addition
NAM:			4.2 NAME			Bright -	
STREET ADDRESS			4.3 STREE	ET ADDRESS			
City St. Zie			4.4 CHY-				
TIME		DELETE	5 1 TITLE			☐ Change	Addition
NAMe		_	5.2 NAME			-	
S RELLADORESS				ET ADDRESS			
Offy 51-200			5 4 DITY-	1			
Tif.f		DELETE	6 1 TITLE			☐ Change	Addition
NAME		_	6.2 NAME	i i			
STREET ADDRESS				ET ADDRESS			
CITY ST ZP			6.4 City-	l			·

14. Lot hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 office 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Da Shuth DUELL JOHNSTON 2-20-96
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delic

Delic