FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 12 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041735 (9)**

1. Corporation Name
LABELLE PAWN, INC.

000001490270
-05/17/95--01031--011
DO NOT WRITE IN THIS SPACE ****233.75 ****233.75

Principal Place of Business	Mailing Address
200 E. VENTURA AVE. P.O. BOX 37 CLEWISTON FL 33440	200 E. VENTURA AVE. P.O. BOX 37 CLEWISTON FL 33440

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 302 HWY 80, P.O. BOX 22
22: Suite, Apt. #, etc.
23: City & State: LABELLE, FL
24: Zip: 33935
25: Country: USA

2a. Mailing Address
26: P.O. BOX 22
27: Suite, Apt. #, etc.
28: City & State: LABELLE, FL
29: Zip: 33935
30: Country: USA

4. FEI Number: 65-0495011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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) (NOTE: Registered Agent signature required when name changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUMFELT, ALDEN A P.O. BOX 1137 1017 PONCE DE LEON AVE CLEWISTON FL 33440	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANGELL, DAVID K 201 E. VENTURA AVE. CLEWISTON FL 33440	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANGELL, JEANNE 201 E. VENTURA AVE. CLEWISTON FL 33440	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition D DEBAJTSY, (ANGELL) JEANNA 2022 SCHOONER DR. P.O. Box 22 LABELLE, FL. 33935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 5/12

14. I do 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)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: Joanna DeBajtsy (Angell) 5-9-95 813-675-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437703 FP