

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044476 (7)

1. Corporation Name

ALOMA PAWN & JEWELRY, INC.

Principal Place of Business

1811 COUNTY RD. 419
CHULUOTA FL 32766

Mailing Address

1811 COUNTY RD. 419
CHULUOTA FL 32766

FILED

95 JUL 21 PM 12:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

ZIP

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

4. FEI Number

59-3251601

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

7. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

JACOBS, LYNDIA
1811 COUNTY RD. 419
CHULUOTA FL 32766

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 names of registered agent and filer if applicable

(Signature) Registered Agent signature required when revalidating

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
JACOBS, LYNDIA
1811 COUNTY RD. 419
CHULUOTA FL 32766

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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SIGNATURE

(Signature) Typed or printed name of signing officer or director

Lyndia Jacobs July 14th 1995

(Signature) Typed or printed name of signing officer or director