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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068279

1. Corporation Name
SUPER PAWN & GUN INC.



Principal Place of Business: 729 NORTHWEST 10TH STREET, Ocala FL 34470
Mailing Address: 729 NORTHWEST 10TH STREET, Ocala FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994
4. FEI Number: 59-3277790
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 owes the current year Intangible Personal Property Tax: [X] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 34475 Country: MARION
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 34475 Country: MARION

9. Name and Address of Current Registered Agent

MEHAFFEY, DEBBIE
729 NORTHWEST 10TH STREET
OCALA FL 34470

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: 34475

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 reinstating)

DATE

Table with 6 rows for Officers and Directors. Includes columns for Title, Name, Street Address, and City-ST-ZIP. Entries include Debbie MehaFFEY and Martin MehaFFEY.

Table with 6 rows for Additions/Changes to Officers and Directors. Includes columns for Title, Name, Street Address, and City-ST-ZIP. Includes handwritten '34475' and checkmarks.

14. 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 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, with all other like empowered.

SIGNATURE:

Debbie N. MehaFFEY

2-5-99

352-622-9494

Date

Daytime Phone #

CR2E034 (11/98)