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 -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068344 (8)

1. Corporation Name
CAPITAL PAWN, INC.

Principal Place of Business	Mailing Address
2277 TAMIAMI TRL. E. NAPLES FL 33962	2277 TAMIAMI TRL. E. NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:
4. FEI Number: 65-0517637 ☐ 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

SAMS, THOMAS E
2277 TAMIAMI TRL. E.
NAPLES FL 33962

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	SAMS, THOMAS E	12 NAME		
STREET ADDRESS	3891 11TH AVE SW	13 STREET ADDRESS		
CITY ST ZIP	NAPLES FL 33964	14 CITY ST ZIP		
TITLE	D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	EGAN, KENNETH M	22 NAME		
STREET ADDRESS	4755 LAKEWOOD BLVD	23 STREET ADDRESS		
CITY ST ZIP	NAPLES FL 33962	24 CITY ST ZIP		
TITLE	D	31 TITLE	S/D	☒ Change ☐ Addition
NAME	SAMS, LORRAINE M	32 NAME		
STREET ADDRESS	3891 11TH AVE SW	33 STREET ADDRESS		
CITY ST ZIP	NAPLES FL 33964	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BROWN, JANINE F	42 NAME		
STREET ADDRESS	3891 11TH AVE SW	43 STREET ADDRESS		
CITY ST ZIP	NAPLES FL 33964	44 CITY ST ZIP		
TITLE	D	51 TITLE	T/D	☒ Change ☐ Addition
NAME	BROWN, JOE	52 NAME	BROWN, JOEL E.	
STREET ADDRESS	3891 11TH AVE SW	53 STREET ADDRESS		
CITY ST ZIP	NAPLES FL 33964	54 CITY ST ZIP		
TITLE	~~D~~	61 TITLE	PLEASE DELETE EGAN, AMANDA	☒ Change ☐ Addition
NAME	~~EGAN, AMANDA~~	62 NAME		
STREET ADDRESS	~~4755 LAKEWOOD BLVD~~	63 STREET ADDRESS		
CITY ST ZIP	~~NAPLES FL 33962~~	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(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 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-12-95 Daytime Phone #: (813) 775-4100

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