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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 13 PM 2:31

DOCUMENT # P94000075709 (3)

1. Corporation Name
AUTO PAWN OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
622 CASSAT AVENUE JACKSONVILLE FL 32205	622 CASSAT AVENUE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3272681	Applied For / Not Applicable
21	26		
22 Suite, Apt. #, etc.: SUITE 11	27 Suite, Apt. #, etc.: SUITE 11	5. Certificate of Status Desired: X	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country: DUVAL	29 Zip / 30 Country: DUVAL	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No	

9. Name and Address of Current Registered Agent

ISAAC, FRED C
2468 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: KATHRYN F. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 26 COBIA STREET
83
84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

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: Kathryn F. Smith Kathryn F. Smith DATE: 2/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	X Change ☐ Addition
NAME	HEMINGWAY, LEROY II	12 NAME	ROTH, CHARLES B.	
STREET ADDRESS	622 CASSAT AVENUE	13 STREET ADDRESS	622 CASSAT AVE., SUITE 11	
CITY-ST-ZIP	JACKSONVILLE FL 32205	14 CITY-ST-ZIP	JACKSONVILLE, FL 32205-4717	
TITLE		21 TITLE	D	☐ Change XX Addition
NAME		22 NAME	LESSARD, ADRIEN J. JR.	
STREET ADDRESS		23 STREET ADDRESS	6926 GEORGE WOOD LANE SO.	
CITY-ST-ZIP		24 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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] 2/8/95 (904) 726-3132
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR Date Daytime Phone #
Adrien J. Lessard, JR.

0014000 CP