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May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000080717 (9)

1. Corporation Name
S & S PAWN AND SPORTS, INC.



Principal Place of Business
RT. 13, BOX 46
(4804 W. HWY 90)
LAKE CITY FL 32055

Mailing Address
RT. 13, BOX 46
(4804 W. HWY 90)
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2105 Sisters Welcome
Suite, Apt. #, etc.
22 Lake City, FL.
City & State
23 32025
Zip
24 Columbia
Country

2a. Mailing Address
26 Rt. 18 Box 973
Suite, Apt. #, etc.
27 Lake City, FL.
City & State
28 32025
Zip
29 Columbia
Country

3. Date Incorporated or Qualified
10/31/1994
4. FEI Number
59-3242770
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HORNE, STEPHANIE
RT. 13, BOX 46
(4804 W. HWY 90)
LAKE CITY FL 32055

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Rt. 18 Box 973
2105 Sisters Welcome Rd.
84 City Lake City FL 85 Zip Code 32025

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 *Stephanie Horne* Stephanie Horne (Pres.) 5/5/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PS
NAME HORNE, STEPHANIE
STREET ADDRESS RT 5 BOX 484 TROY ROAD
CITY-ST-ZIP LAKE CITY FL
TITLE VPT
NAME JERRELL, JULY
STREET ADDRESS P.O. BOX 248 JEANNIE RD
CITY-ST-ZIP WHITE SPRINGS FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Rt. 3 BOX 263 Cty. Rd. 248
Lake Butler, FL 32054
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Stephanie Horne* 5/5/98 904-755-0510

CP2E034 (10/97)