FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000047494 (6)

1. Corporation Name
~~LIGHTNING BINGO, INC.~~ E-Z MONEY PAWN OF PINELLAS INC

Principal Place of Business
~~1266 S. PINELLAS AVE.~~
~~TARPON SPRINGS FL 34689~~

Mailing Address
~~1266 S. PINELLAS AVE.~~
~~TARPON SPRINGS FL 34689~~

2. Principal Place of Business
21 6671 PARK BLVD.
Suite, Apt. #, etc.
22
City & State
23 PINELLAS PARK, FL
Zip
24 34665
Country
25 U.S.

2a. Mailing Address
26 6671 PARK BLVD.
Suite, Apt. #, etc.
27
City & State
28 PINELLAS PARK, FL
Zip
29 34665
Country
30 U.S.

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report

4. FEI Number
59-3351675
☐ 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

~~FOLKENFLIK, DAVID P~~
~~1266 S. PINELLAS AVE.~~
~~TARPON SPRINGS FL 34689~~

10. Name and Address of New Registered Agent

81 Name: JAMIE TICHENOR
82 Street Address (P.O. Box Number is Not Acceptable): 6671 PARK BLVD.
83
84 City: PINELLAS PARK FL 85 Zip Code: 34665

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] JAMIE TICHENOR PRES. 4-24-96

12. OFFICERS AND DIRECTORS

TITLE	PS	☒ DELETE
NAME	FOLKENFLIK, DAVID P	
STREET ADDRESS	1266 S. PINELLAS AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	☒ Change ☐ Addition
1.2 NAME	JAMIE TICHENOR	
1.3 STREET ADDRESS	6671 PARK BLVD.	
1.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

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)(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] JAMIE TICHENOR 4-24-96 813-541-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)