## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mayo Pawn Shop Inc.

Principal Place of Business

Mailing Address

US 27 South

	P.U. BOX /20						
	Mayo, Fla. 3	2066			3. Date Incorporated or Qualified	3a. Date of Las	st Report
					5-19-95		
2. Principal P	lace of Business	2a. Mailing Add	dress		4. FEI Number		Applied For
21		26			59-3326571 Not Applicat		Not Applicable
Suite, Apt.	#, elc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	┌┐ \$8.7	5 Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & State	e	City & State	<del>)</del>		6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	☐ Add	ed to Fees
Zip	Country	Zip	L <sup>C</sup> ∘	บาtry	8. This corporation has liability for		er s. 199.032,
24	25	29	30			X Yes 🔲 No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name	es I. Johnson		
				Thresa L. Johnson  82 Street Address (P.O. Box Number is Not Acceptable)			
				1642	20 165th Road		
				83			
				<b>84</b> City		100	7 - Carl
					Oak		Tip Code 3 2 0 6 0
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes, the a	above-named c	cornoration submits this statement for the	nurnose of changin	a ite registored
office or re agent. La	egistered agent, or bolh, in the Stat m familiar with, and accept the obli	le of Florida. Such cha dations of Section 60.	nge was authorize 7.0505 Alorina Sla	od by the corpo	oralion's board of directors. I hereby acco	opt the appointment	as registered
			1/20	$Z \Delta C$	,		1
SIGNATURE	Thresa L Johnso	n gent and title if applicable	(NOTE Registere	ed Agent signal ire re	equired when reinstating)	6-30-9	<del>/</del>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 12
TITLE	DELETE		ELETE 11T	ITLE	Thresa L. Johnsi 16420 165th Road Live dak 41, 30	Chang	ge Addition
NAME			12 N	IAME	1111434 2. 2011131		. 1
STREET ADDRESS			135	TREET ADDRESS	16420 165 m Kond	Lesi	stered
CITY-ST-ZIP				CITY-ST-ZIP	LIN Dak 41. 30	1-060 D	agent
TITLE	☐ DELETE			1116		Chang	ge Addition
NAME			22 N	IAME			-
STREET ADDRESS			235	TREET ADDRESS			
CITY-ST-ZIP			2 44	CITY - ST - ZIP			
TITLE	☐ DELETE			3+TITLE - Change		ge Addition	
NAME			3.2 N	IAME			
STREET ADDRESS			338	TREET ADDRESS			
CITY-ST-ZIP				DITY-ST-ZIP			
TITLE			DELETE 41T			Chang	e Addition
NAME			4 21	NAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				HY-SI-ZIP			
TITLE	***************************************	Пп	DELETE 517			☐ Chang	ge Addition
NAME			52 N			C Old I	, L roution
				TREET ADDRESS			
STREET ADDRESS							
CITY+ST-ZIP TITLE		Пг	ELETE 61T	ITY-ST-ZIP		Chan	no I Addition
3		ا اسا	1		3000022	46103	_
NAME			6.2 N		3000022 -07/24/9701	006005	-0E
STREET ADDRESS			■ 63S	TREET ADDRESS	4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		12''

14. I do 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 eath, 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.

6.4 CITY+ST+ZIP

CITY - ST - ZIP

6-30-97 904-294-3001

FILED

Jul 23 1997 8:00am

Secretary of State