

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050253 (0)

1. Corporation Name

ARMENIA PAWN, INC.

Principal Place of Business

6930 N ARMENIA AVENUE
TAMPA FL 33504

Mailing Address

6930 N ARMENIA AVENUE
TAMPA FL 33504



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

MEEKS, R H
1104 N PARSONS AVENUE
SUITE E
BRANDON FL 33510

3. Date Incorporated or Organized
06/26/1995

3a. Date of Last Report

4. FEI Number

59-3317363

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

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 607.05(2)(a) & 607.15(6)(b), 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, thereby accepting the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.04(6), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Both

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FAIVRE, ROGER P	
STREET ADDRESS	2711 WASHINGTON RD	
CITY, ST, ZIP	VALRICO FL 33594	
TITLE	D	☐ DELETE
NAME	FULLER, CHARLES D	
STREET ADDRESS	727 LUMSDEN RD	
CITY, ST, ZIP	BRANDON FL 33511	
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

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 and changed, or on an after agent with no address.

SIGNATURE:

Roger P Faivre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

813 930 0609

CR2E034 (12/95)