

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 04, 1998 8:00 am  
Secretary of State

DOCUMENT # P95000050545 (9)

1. Corporation Name

CASH AND TITLE, INC.



Principal Place of Business

2021 ART MUSEUM DRIVE  
SUITE #140  
JACKSONVILLE FL 32207

Mailing Address

2021 ART MUSEUM DRIVE  
SUITE #140  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

WELDON, JOHN T  
2021 ART MUSEUM DRIVE  
SUITE #140  
JACKSONVILLE FL 32207

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME WELDON, JOHN T  
STREET ADDRESS 1918 SEA OATS DRIVE  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☒ DELETE

NAME WELDON, SEAN J  
STREET ADDRESS 801 2ND ST  
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE ☒ DELETE

NAME WELDON, JAN T  
STREET ADDRESS 801 2ND ST  
CITY-ST-ZIP NEPTUNE BEACH FL 32266

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 ☒ Change ☐ Addition

1.2 NAME 2021 Art MUSEUM Drive Suite 140  
1.3 STREET ADDRESS Jacksonville, FL 32207  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 2021 Art MUSEUM Drive Suite 140  
2.3 STREET ADDRESS Jacksonville, FL 32207  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME IAN T. WELDON  
3.3 STREET ADDRESS 2021 Art MUSEUM Drive Suite 140  
3.4 CITY-ST-ZIP Jacksonville FL 32207

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032812

4/25/98

CR2E034 (10/97)