

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 # P95000054224 (7)

1. Corporation Name

TITLE LOANS OF FORT WALTON BEACH, INC.



Principal Place of Business

Mailing Address

369 NORT BEAL PARKWAY
FORT WALTON BEACH FL 32548

369 NORT BEAL PARKWAY
FORT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

07/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

51-3324336

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.1503, 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

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME COBURGER, SKIP
STREET ADDRESS 674 EMERALD BAY DRIVE
CITY-STATE-ZIP DESTIN FL 32541

☐ DELETE

TITLE ST
NAME BARRINEAU, TIMOTHY
STREET ADDRESS 911 SHALIMAR POINT DRIVE
CITY-STATE-ZIP SHALIMAR FL 32579

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change

☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ Change

☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

☐ Change

☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

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17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

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21. TITLE
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25. TITLE
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33. TITLE
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37. TITLE
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41. TITLE
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81. TITLE
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89. TITLE
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92. CITY-STATE-ZIP

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☐ Addition

93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP

☐ Change

☐ Addition

97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 904-862-4783

CR2E034 (12/95)