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

P95000054224 (7) DOCUMENT

TITLE LOANS OF FORT WALTON BEACH, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 369 NORTH BEAL PARKWAY 369 NORTH BEAL PARKWAY FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/13/1995 2. Principal Place of Business 2a. Mailing Address 4. EEI Number Applied For 59-3324336 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Γ٦ 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BARRINEAU, TIMOTHY 369 NORTH BEAL PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32548 вэ 84 City 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 agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIFLE DELETE ☐ Change ☐ Addition COBURGER, SKIP NAME 1.2 NAME CR2E034 **674 EMERALD BAY DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL 32541** CITY - ST - 7IP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 21 TITLE BARRINEAU, TIMOTHY NAME 2.2 NAME 911 SHALIMAR POINT DRIVE 23 STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 THUE NALIS 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZiP CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TIFLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information input report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an instead empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information indicated on this arinual report or s Block 12 or Block 13 if chape

SIGNATURE