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 # **P95000057827 (4)**

1. Corporation Name

NATIONAL AUTO TITLE LOAN OF NORTHWEST FLORIDA IN C.

Principal Place of Business	Mailing Address
4656 BAYWOODS PLACE PENSACOLA FL 32504	4656 BAYWOODS PLACE PENSACOLA FL 32504

3. Date Incorporated or Qualified: **07/24/1995**
3a. Date of Last Report:

2. Principal Place of Business
21: 2816 N. Pace Blvd.
Suite, Apt. #, etc.
22:
City & State
23: Pensacola
Zip 24: 32504 Country 25: USA

2a. Mailing Address
26: 2816 N. Pace Blvd.
Suite, Apt. #, etc.
27:
City & State
28: Fl.
Zip 29: 32504 Country 30: Escambia

4. FEI Number: 59-3324234 ☐ 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

LAUFFENBURGER, ARTHUR
4656 BAYWOODS PLACE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name: F.A. Baird, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 2816 N. Pace Blvd.
83:
84 City: Pensacola **FL** 85 Zip Code: 32504

11. Pursuant to the provisions of Sections 607.0202 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: _____ (If changing Registered Agent, Signature of New Registered Agent required in addition to that of former Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUFFENBURGER, ARTHUR 4656 BAYWOODS PLACE PENSACOLA FL 32504	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres F.A. Baird, Jr. 2816 N. Pace Blvd. Pensacola, Fl. 32504	☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	100001865731 -06/18/96--01116--043 ***225.00	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition 6/17/96

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)(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: _____ (904)470-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)