

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90007 031 ***150.00

DOCUMENT # P95000060046

1. Corporation Name

EXPRESS TITLE LOAN, INC.



Principal Place of Business

2418 N MONROE ST. UNIT #210
TALLAHASSEE FL 32303

Mailing Address

2418 N MONROE ST. UNIT #210
TALLAHASSEE FL 32303

P.O. Box 10001
Tall., FL. 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 32302 30 Leon

2a. Mailing Address

26 P.O. Box 10001

27 Suite, Apt. #, etc.

28 City & State

28 Tall., FL.

29 Zip Country

29 32302 30 Leon

4. FEI Number

59-3337001

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KILGORE, DARLEENE R
2418 N MONROE ST, UNIT #210
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
Kilgore, Darleene R.

82 Street Address (P.O. Box Number is Not Acceptable)
2504 Golden Park Lane

83

84 City
Tallahassee

FL

85 Zip Code
32303

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 *Darlene R. Kilgore*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS KILGORE, DARLEENE R
CITY-ST-ZIP 2418 N MONROE ST, UNIT #210
TALLAHASSEE FL 32303

TITLE ☐ DELETE
NAME D
STREET ADDRESS LEVI, JAMES S
CITY-ST-ZIP 344 LAMPLIGHTER LANE
MARIETTA GA 30067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
Kilgore, Darleene R.
2504 Golden Park Lane
Tall., FL. 32303

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Darlene R. Kilgore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darlene R. Kilgore 3/1/99 (850) 298-4111

Date

Daytime Phone #

CR2E034 (11/98)