

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

1165  
FILED  
Feb 12 1997 8:00am  
Secretary of State

DOCUMENT # P95000093180 (4)

1. Corporation Name  
A-1 TITLE LOANS, INC.



Principal Place of Business

5717 SEABSHIER BLVD  
BELLEVUE FL 34420  
US

Mailing Address

14 NE 70TH TERRACE  
OCALA FL 34470-1870

3. Date Incorporated or Qualified  
12/06/1995

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 5717 SE Abshier Blvd.

27 Suite, Apt. #, etc.

28 Zip

Country

4. FEI Number

APPLIED FOR 59-3371860

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

ABSHIER, LARRY S  
14 NE 70TH TERRACE  
OCALA FL 34470

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

5717 SE Abshier Blvd.

83

84 City

Bellevue

FL

85 Zip Code

34420

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

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME ABSHIER, LARRY S  
STREET ADDRESS 14 NE 70TH TERRACE  
CITY-ST-ZIP Ocala FL 34470

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME Larry Abshier  
1.3 STREET ADDRESS 5717 SE Abshier Blvd.  
1.4 CITY-ST-ZIP Bellevue FL 34420

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Linc Abshier  
2.3 STREET ADDRESS 5717 SE Abshier Blvd.  
2.4 CITY-ST-ZIP Bellevue FL 34420

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry S. Abshier, President

Date

11/5/97 352-245-8999

Daytime Phone #

0437132

CR2E034 (9/96)