07081999-90022-007-$150.00-$150.00

1999.

ANNUAL REPORT DUE ON OR BEFORE 05/1/1999. $500 IF DELINQUENT, MINIMUM AMOUNT DUE TO REINSTATE: $150.

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 20 AM 8:58

DOCUMENT # P96000001613

1. Corporation Name
EMERSON PAWN, INC.

Principal Place of Business	Mailing Address
8651 EMERSON ST JACKSONVILLE FL 32207	P O BOX 10815 JACKSONVILLE FL 32247 US

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State	City & State 28
Zip / Country 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/01/1996
4. FEI Number: 59-3366705 ☐ 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
7. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~P O BOX 10815~~
~~233 EAST BAY ST SUITE 901~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name SAMUEL LEPRELL
82 Street Address (P.O. Box Number is Not Acceptable) 1930 SAN MARCO BLVD - SUITE 201
83
84 City JACKSONVILLE FL 85 Zip Code 32207

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 _____ 7/14/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, D
NAME	CHAMBERS, JAMES P	1.2 NAME	
STREET ADDRESS	4817 DEERMOSS WAY S	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	S, T & D
NAME	CHAMBERS, MARGARET	2.2 NAME	
STREET ADDRESS	7815 FAWN BROOK CIR E	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D 7/20
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DELETE ☐ Change ☐ Addition

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.

SIGNATURE: James P Chambers REQUIRED 7-1-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

ATT Please
Mr Sean Torren

July 9, 1999

EMERSON PAWN, INC.
P O BOX 10815
JACKSONVILLE, FL 32247 US

SUBJECT: EMERSON PAWN, INC.
Ref. Number: P96000001613

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is $150.00 plus $400.00 late fee for a total of $550.00. If a certificate of status is desired, please add an additional $8.75.

There is a balance due of $400.00.

* The new registered agent must sign in block 11. * Sorry about this, Sean LePell is still my registered Agent - But a different address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION
/pr

Mr. Sean Torren: Please check your records, I was never Notify about this Annual Report until the second Notice came out. I call TALL. and was told that this was a problem, and to send my regular amount in with ($150.00) the Annual Report.