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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000051478 (1)

R. & W. TRADING POST & PAWN, INC.

Principal Place of Business

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



	D16 FRENCH AVE. 1016 FRENCH AVE. ANFORD FL 32771 SANFORD FL 32771				DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualified 06/14/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21		26	26			59-3385287		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee I	Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.0	O May Be	
23	28					Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	Country		8. This corporation owes or has paid the cur			
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Registered Agent		04	NI	10. Name and Address of New Registered	Agent		
	LIS, RICKEY CLAY		ľ	81	Name				
1018 FRENCH AVE.				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SANFORD FL 32771			ļ						
				83				l	
			ŀ	84	City	FL	85 Zip	Code	
11. Pursuant t	In the provisions of Sections 607 050	12 and 607 1508. Florida Statut	las tha sh	1000	-named core	poration submits this statement for the purpose of	obangina	ita ragiatara	
Office of fi	e giste red agent, or both, in the State	e of Florida. Such change was :	authorized	l bv	the corpora	tion's board of directors. I hereby accept the appropriate	ointment a	s registered	
	m familiar with, and accept the oblig	jations of, Section 607.0505, Fi	orida Stati	iles.					
SIGNATURE	Signature, typod or pented name of registered ag	CONV. eldspilose 5 ettal brother tru	F Registered	Aner	nt signature requi	ired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13.			Agei	A bigilladic regal	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	PRS IN 12	
TIFLE	PT	DELET E	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change		
NAME	HILLIS, RICKEY C		1.2 NAME				_ •		
STREET ADDRESS	1016 FRENCH AVE		1,3 STF	REET A	ADDRESS			[3	
CITY-ST-ZIP	SANFORD FL 1.4 C		1.4 CIT	Y-Sī	- 21P				
TALE	VPS DELETE 2.1 TI					Change	Addition		
NAME	HILLIS, WENDY 227		2.2 NA	ME					
STREET ADDRESS	1018 FRENCH AVE	2.3 \$		REET A	ADDRESS				
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP		T - ZIP				
TITLE			3.1 TIT	LE			Change	Addition	
NAME			3.2 NAI	ME					
STREET ADDRESS			3.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			3.4. CH	Y-ST	T-ZIP			i	
TITLE		DELETE	4.1 1111	LE			☐ Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP				
TITLE		DELETE	5.1 TITI	LΕ			Change	☐ Addition	
NAME			5.2 NA	ΝE				[
STREET ADDRESS	•		5.3 STR	EET A	ADDRESS			ŀ	
CITY-ST-ZIP			5.4 CIT	Y-S1	- ZIP				
TITLE		DELETE	6.1 TITI	.E			Change	Addition	
NAME			6.2 NA	ΛE					
STREET ADDRESS			6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-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 supplier ental 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 of 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.