

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

DOCUMENT # P96000058713

1. Corporation Name

ANY TIME AT ALL PAWN, INC.

Principal Place of Business

2212 N. CITRUS BLVD.  
LEESBURG, FL 34748

Mailing Address

2212 N. CITRUS BLVD.  
LEESBURG, FL 34748

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90046 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1996

4. FEI Number

59-3389563

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SCHROEDER, BOB  
1736 CONNELL RD.  
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name Bob Schroeder

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

6808 CR. 150 Wildwood

83

84 City Wildwood

FL

85 Zip Code 34785

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

Bob Schroeder Director Jan/01/98

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 PD  
NAME SCHROEDER, BOB  
STREET ADDRESS 1736 CONNELL RD.  
CITY-ST-ZIP LEESBURG, FL 34748

☒ DELETE

TITLE VPD  
NAME SCHROEDER, BOB  
STREET ADDRESS 1736 CONNELL RD.  
CITY-ST-ZIP LEESBURG, FL 34748

☒ DELETE

TITLE SD  
NAME GRAYSON, TERRY  
STREET ADDRESS 2008 W. GRIFFIN RD.  
CITY-ST-ZIP LEESBURG, FL 34748

☐ DELETE

TITLE TD  
NAME GRAYSON, VERNON  
STREET ADDRESS 2008 W. GRIFFIN RD.  
CITY-ST-ZIP LEESBURG, FL 34748

☐ 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 PD  
1.2 NAME Terry Grayson  
1.3 STREET ADDRESS 2212 N. Citrus Blvd  
1.4 CITY-ST-ZIP Leesburg 34748

☒ Change

☐ Addition

2.1 TITLE UPD  
2.2 NAME Terry Grayson  
2.3 STREET ADDRESS 2212 N. Citrus Blvd.  
2.4 CITY-ST-ZIP Leesburg 34748

☒ Change

☐ Addition

3.1 TITLE SD  
3.2 NAME GRAYSON, VERNON  
3.3 STREET ADDRESS 2212 N. Citrus Blvd  
3.4 CITY-ST-ZIP Leesburg, FL 34748

☐ Change

☐ Addition

4.1 TITLE TD  
4.2 NAME GRAYSON, VERNON  
4.3 STREET ADDRESS 2212 N. Citrus Blvd  
4.4 CITY-ST-ZIP Leesburg, FL 34748

☒ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Bob Schroeder Jan/01/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)  
326 2877

CR2E034 (1/1/98)