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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000075887 (5) DOCUMENT #

FILED Mar 09 1998 8:00am Secretary of State

NATIONAL TITLE LOAN OF ORANGE PARK, INC.				r 1881/260) ASS LEGIS Salva Billion ad Dis Selbis Chin	
Principal Place of Business Mailing Address				- I IOBILDBI 1550 JOHN DIINI OBIK ODINI ODINI ODINI	(BBB) Bilat Ibial (Bil) (BB)
1080 N. PONCE DE LEON BLVD. P.O. BOX 330628					
ST. AUGUSTINE FL 32064 ATLANTIC BEACH FL 322			2233	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
				09/04/1996	1
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		56		59-3405504	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		C Floring Compains Financias	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
/in	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
MEARDY, RON 81 Name					
1080 N. PONCE DE LEON BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ST. AUGUSTINE FL 32084-3196			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	tes, the above-named corr	poration submits this statement for the purpos	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	authorized by the corporal	tion's board of directors. I hereby accept the	appointment as registered
•			orida Statujos.	Feb 12,1	988
SIGNATURE	Stynature, typed or priving runn of mysterior ago	of and lift if applicable (NO	II Registered Agent signature requi	red when reinstating) DAT	E
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	S DOWN	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEARDY, RON 1080 N. PONCE DE LEON B	I VID	1.2 NAME		
STREET ADORESS	ST. AUGUSTINE FL 32084-31		1.3 STREET ADDRESS		!
CITY-ST-ZIP TITLE	P	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	CLARK, ROBERT		22 NAME		
STREET ADDRESS	1080 N. PONCE DE LEON B	LVD.	23 STREET ADDRESS	العن أديني	
CITY-ST-ZIP	OT ALIQUISTING OF GOODA		2. 4 CITY-ST-ZIP		
TITLE		☐ DELE1E	3.1 TITLE		Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		ľ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		בן אנונוג	5.1 MAME		C Auguston
STREET ADDRESS	J		5.2 NAME 5.3 STREET ADDRESS		1
CITY-ST-ZIP	Ì		54 CITY-ST-ZIP		f
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	certify that the information supplied w	ith this filma does not qualify t		Section 119.07(3)(i), Florida Statutes, Lifurthe	cortify that the information

Interest certify that the information supplied with this him doos not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Florida course in officer or director of the corporation or the receiver or frustee 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:

Fub/2,1988

904-993-5285