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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000085904 (6)

JIM'S PAWN, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I (ADSIANT LIG CETTE ETC.) BANK APRIL AND IN CREAT BRIEF AND INC.	alit 2011 Giat 183:
6526B SOUTH TAMIAMI TRAIL SARASOTA FL 34231		6526B SOUTH TAMIAMI TRAIL SARASOTA FL 34231			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
						10/16/1996	
 -	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26	Suite, Apt. #, etc.			APPLIED FOR 59-344/3867	Not Applicable 75 Additional
Suite, Apt.	#, O(C.	27				1 E Contitionte de Statue Deciron I I -	ee Required
City & State	9	City & State				5.00 May Be	
23		28				dded to Fees	
Žip			 -	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	9. Name and Address of Curren	29	30			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	
	<u></u>	it negistered Agent		81	Name	10, stalle and receives of their fingletone regent	
SMITH, JAMES W 65268 SOUTH TAMIAMI TRAIL						ess (P.O. Box Number is Not Acceptable)	
SAI		-	83				
			}	84	City	FL 85	Zip Code
		1007 4500 Ft 14 OLL	45				ning its registered
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 Stonature: 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 DIRE	CTORS IN 12
TITLE	D	DELETE 1.1		LE		☐ CI	nange Addition
NAME	SM ITH, JAMES W		1.2 NA	1.2 NAME			
STREET ADDRESS	2442 PINEHURST ST.		1.3 STREET ADDRESS		ADDRESS		!
CITY-ST-ZIP			1.4 CIT	1.4 CITY - ST - ZIP			
TITLE	D	☐ DELE TE	2.1 TIT	2.1 TITLE		☐ Cr	nange Addition
NAME	GILYARD-SMITH, MARGO		2.2 NAME				j
STREET ADDRESS	2442 PINEHURST ST.		2.3 STREET ADDRESS		ADDRESS		
CITY - ST - ZIP	\$ARASOTA FL 34231		2. 4 CITY - ST - ZIP		r-ZIP		
TITLE		☐ DELETE	3.1 TITLE			L CI	nange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP		T .e.ee-	3.4. CI		r- ziP	T3 A1	honos Addition
TITLE	-		4.1 TIT			☐ CI	hange L. Addition
NAME			4. 2 NA				
STREET ADDRESS					AODRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CfT		- ZIP		hange Addition
TITLE			5.1 TIT				nange LI Audition
NAME			5.2 NA				
STREET ADDRESS			•		ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CIT		- ZIP	□ c	hange Addition
TITLE			6.1 117			— 01	
NAME			6.2 NA		1000500	,	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		10. 11. 11.	6.4 CIT			Section 110 07(2)(i) Florida Statutas further certify th	at the information

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 informatio 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.