

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # P96000098135 (2)

1. Corporation Name

CASH LOANS OF PANAMA CITY, INC.

2. Name of President or Treasurer

104 EAST THIRD AVENUE
TALLAHASSEE FL 32303

3. Mailing Address

SUITE 406
8601 DUNWOODY PLACE
ATLANTA GA 30350-2550

2. Name of State of Incorporation

21 971 East Tennessee

22 City, State, and Zip

23 Tallahassee, FL

24 32308 25 USA

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/04/1996

3a. Date of Last Report

4. FTT Number

59-3414756

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. I, the undersigned, being a resident of this state, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered agent, and I hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

(If the Registered Agent is not a resident of this state, the date when the agent is first registered in this state.)

DATE

12. OFFICERS AND DIRECTORS

101 PSD
102 AYCOX, RODERICK
103 8601 DUNWOODY PLACE SUITE 406
104 ATLANTA GA 30350

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, STATE, ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY, STATE, ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY, STATE, ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY, STATE, ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY, STATE, ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 CITY, STATE, ZIP

14. I, the undersigned, certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information reported in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a resident of this state and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name and address is as follows: Roderick Aycox, Director 2/27/97 (770) 552-9840

SIGNATURE:

Roderick Aycox, Director 2/27/97 (770) 552-9840

Signature and Title of Signing Officer or Director

1500

CR2E034 (9/96)