

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000100893 (2)
1. Corporation Name

BAY TITLE LOANS, INC.

Principal Place of Business
10025 LAKE OAK CIRCLE
TAMPA FL 33624

Mailing Address
10025 LAKE OAK CIRCLE
TAMPA FL 33624

FILED
Sep 11 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4452 N. Armenia Ave.

Suite, Apt. #, etc.

22
City & State
Tampa FL

23 Zip
33603

Country

2a. Mailing Address

26 4452 N. Armenia Ave

Suite, Apt. #, etc.

27
City & State
Tampa FL

28 Zip
33603

Country

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0714445

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Cary Showalter

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

4452 N. Armenia Avenue

83

84 City

Tampa

FL

85 Zip Code

33603

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 Cary Showalter Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8.29.98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STARLING, WESLEY E
STREET ADDRESS 10025 LAKE OAK CIRCLE
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE SD
NAME FORRESTER, BRIAN
STREET ADDRESS 10025 LAKE OAK CIRCLE
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE TD
NAME SHOWALTER, CARRIE
STREET ADDRESS 10025 LAKE OAK CIRCLE
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Showalter, Cary
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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.

SIGNATURE:

Cary Showalter

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***550.00

8.21.98

CR2E034 (5/98)