

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

FILED

Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000000102

1. Corporation Name

Fair \$ Pawn, INC.

Principal Place of Business

1700 Park Ave
Orange Park FL 32073

Mailing Address

1700 Park Ave
Orange Park FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1996

4. FEI Number

59-3416378

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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. Pursuant to the provisions of Sections 607.094, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of registered agent or officer or director (required)

(NOTE: Registered Agent is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.2 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.3 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.4 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.5 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.6 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.7 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.8 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.9 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.2 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.3 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.4 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.5 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.6 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.7 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.8 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.9 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I hereby certify that the information appearing on 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 I made under oath; that I am an
officer or director of the corporation or the registered agent or broker, as provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 or Block 13. Each block of this report shall be signed with an address.

SIGNATURE:

James T. Pope

James T. Pope

4-30-98

(904)264-4151

CR2E034 (10/97)