

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

FILED  
Jun 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008694 (6)

1. Corporation Name:

THE LOAN STATION, INC.



Principal Place of Business

150 KENT ROAD  
SUITE 101  
ST. AUGUSTINE FL 32086

Mailing Address

150 KENT ROAD  
SUITE 101  
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

59-342-3011

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

Robbie  
Received

2. Principal Place of Business

21 100 South Park Blvd

Suite, Apt. #, etc.

22 #307

City & State

23 St. Augustine, FL

Zip

24 32086

Country

25 St. Johns

2a. Mailing Address

26 100 South Park Blvd

Suite, Apt. #, etc.

27 #307

City & State

28 St. Augustine, FL

Zip

29 32086

Country

30 St. Johns

9. Name and Address of Current Registered Agent

CRAWFORD, ANNE K  
150 KENT ROAD  
SUITE 101  
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

82 Anne K Crawford

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

84 100 South Park Blvd #307

85 City

St. Augustine

FL

86 Zip Code  
32086

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

Signature (Type or printed name of registered agent and title if applicable)

Anne K Crawford, Pres.

(Type or printed name of registered agent and title if applicable)

DATE

4-22-98

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CRAWFORD, ANNE K  
STREET ADDRESS 112 NORTH LAKE CIRCLE  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Anne K Crawford ☒ Change ☐ Addition  
1.2 NAME 2495 South Ponte Vedra Blvd  
1.3 STREET ADDRESS South Ponte Vedra Beach, FLA 32082  
1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

Anne K Crawford, Pres. 4-22-98

CR2E034 (10/97)