

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90120 028 ***150.00

DOCUMENT # P97000012627

1. Corporation Name
PAYDAY NOW OF FLORIDA, INC.

Principal Place of Business
2930 S FLORIDA AVE
LAKELAND FL 33881
US

Mailing Address
2930 S FLORIDA AVE
LAKELAND FL 33881
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1997

4. FEI Number
59-3430015

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 8520 4th ST. North
Suite, Apt. #, etc.

2a. Mailing Address
26 8520 4th ST. North
Suite, Apt. #, etc.

22 City & State
23 ST. PETERSBURG, FL
24 33702 25 U.S.

27 City & State
28 ST. PETERSBURG, FL
29 33702 30 U.S.

9. Name and Address of Current Registered Agent

BORER, PETER F
2930 S FLORIDA AVE
LAKELAND FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 8520 4th ST. North
84 City ST. PETERSBURG FL 85 Zip Code 33702

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LANG, LARRY F
STREET ADDRESS 2930 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33881

TITLE D
NAME BORER, PETER F
STREET ADDRESS 2930 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8520 4th ST. North
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8520 4th ST. North
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

727-577-7757

Daytime Phone #

CR2E034 (1/98)

0433478