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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOGUMENT # 1. Corporation Name

P97000061965 (4)

ACCESS QUICK CASH, INC. CAR TITLE LOANS

FILED Apr 27 1998 8:00am Secretary of State



Delacted Blood of Business	No Address			
`	ailing Address			
3415 HILLSBOROUGH AVE. #728 4001 N. FLORIDA AVE. TAMPA FL 33614 TAMPA FL 33603				
IMMINIC GOOT	MFX 11 00000		DO NOT WRITE II	N THIS SPACE
			3. Date Incorporated or Qualified	
			07/17/1997	
	Mailing Address		4, FEI Number	Applied For
21 4001 N. FLORIDA AVE. 26 Suffe. Apt. #, etc.	Suite, Apl. #, etc.		59-3454974	Not Applicable
22 27	ouite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regrired
City & State	City & State		8. Election Campaign Financing	\$5.00 May Be
28 TAMPA FI. 28			Trust Fund Contribution	Added to Fees
Zip Country		Country	8. This corporation owes or has paid	
24 33603 25 Hillsborough			Personal Property Tax due June 3	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BADVED OURSETON FOR I				
PARKER, CHRISTOPHER L.		1	LINDA TINNEY	
			Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33614		83	4001 N. Florida Ave	3
÷		55		1
		84 City 7	Tampa	FL 85 33693
11. Pursuant to the provisions of Sections 607.0502 and 60	07.1508, Florida Statutes, th	ne above-named corp	poration submits this statement for the pur	nose of changing its registered
office or registered agent, or both, in the State of Floric agent. I am familial with, and accept the obtavious of	la Such change was autho Section 607 0505, Florida	rized by the corporat Statutes	ion's board of directors. I hereby accept	the appointment as registered
¥ 7 1 10 1 1	A . 1			
SIGNATURE Signature, hyped or printed name of registered agreet and tallet	if applicable (NOTE: Regi	istered Agent signature requir	red when reinstating)	-16-98
12. OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·
President & C.E.O.	DELETE	1.1 TITLE		L_ Change L_ Addition
NAME Bragg C. Crane		1.2 NAME		[5]
STREET ADDRESS 4001 N. Florida Ave.		1.3 STREET ADDRESS		الأ
CITY-ST-ZIP Tampa, F1 33603		1.4 CITY-ST-ZIP		
Secretary/Treasurer		2.1 TITLE		☐ Change ☐ Addition C
NAME Sharon Hunnewell		2.2 NAME	" .	
STREET ADDRESS 4001 N. Florida Ave.	•	2.3 STREET ADDRESS	• >4	
City-st-ZIP Pampa, F1. 33603		2. 4 CITY - ST - ZIP		Change Addition
THE		3.1 TITLE		Cil cuange Cil Adamson
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
	.	4.4 CITY-ST-ZIP		
CITY-ST-ZIP		5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		1///17
CITY-ST-ZIP		5.4 City - ST - ZIP		11/14/01 7
TITLE		6.1 TITLE	900002502	☐ Change ☐ Addition
NAME	•	62 NAME	-04/28/9801837	
STREET ADDRESS		6.3 STREET ADDRESS	***158.75	11 () (
CITY-ST-ZIP		6.4 CITY-ST-ZIP	李本本文以為 (日	1
44 1 hereby cartify that the information consider with this fi			Section 110 07/2)(i) Florida Statutos I fu	ther early that the information

I nereby 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 informatio 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.

(813) 231-2274