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

DOCUMENT # P9700062408

BELLEVIEW GUN, GOLD & PAWN COMPANY

Principal Place of Business Mailing Address						T (40)/400 tife 10/1/ 100/1 400/1 40/1/ 40/1/ 40/1/ 40/1/ 40/1/ 40/1/ 40/1/	
9901 S.E. HIGHWAY #441 9901 S.E. HIGHWAY #441							
BELLEVIEW FL 34420			BELLEVIEW FL 34420				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							07/18/1997
2. Principal Place of Business 2a. Mailing Addre			Mailing Address	tress			4. FEI Number Applied For
 _ '			26				59-3458776 - Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip				Coun	try		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29		30			Tersonal Troporty Tux.
	9. Name and Address of Currer	nt Regis	tered Agent		B1	Name	10. Name and Address of New Registered Agent
HICK	S, DANIEL					TTGITTE.	The state of the s
421 SOUTH PINE AVENUE				82 Street			Address (P.O. Box Number is Not Acceptable)
OCALA FL 34474			ļ		83		
				1	84	City	FL 85 Zip Code
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of registered age OFFICERS AN	ntions of,	Section 607.0505, Flor rapplicable. (NOTE:	ida Statut	es.		ration's board of directors. I hereby accept the appointment as registered
TITLE	P		☐ DELETE	1.1 TITL	E		Change Addition
NAME	HICKS, DANIEL			1.2 NAM	Æ	 	Hopkins, Michael
STREET ADDRESS	421 SOUTH PINE AVENUE			1.3 STR	EET	ADDRESS C	agoi se us Hwy 441
CITY-ST-ZIP	OCALA FL 34474			1.4 CIT	/-ST	-ZIP (Relleview FL 34420
TITLE			☐ DELETE	2.1 TITL	E		Change Change
NAME				2.2 NAN	Æ	-	Hopkins, Daniel
STREET ADDRESS				2.3 STR	EET	ADDRESS O	9901 SE US-HWY 441
CITY-ST-ZIP				2. 4 CIT		T-ZIP	Belleview, FL '34420
TITLE			☐ DELETE	3.1 TITL			Change ☐ Addition
NAME				3.2 NAN		ļ	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP		····-	☐ DELETE	3.4. CIT	_	T- ZIP	☐ Change ☐ Addition
TITLE			□ vere ie	4.1 TITL			
NAME						ADDRESS	
STREET ADDRESS				4.4 CIT			
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITL		- 231	☐ Change ☐ Addition
NAME				5.2 NAM			
STREET ADDRESS				5.3 STF	EET	ADDRESS	
CITY-ST-ZIP				5.4 CIT	Y-ST	r-ZiP	
TITLE			☐ DELETE	6.1 TITL	E	"	☐ Change ☐ Addition
NAME				6.2 NAM	Æ		

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 changes, ow on an attachment with an adgress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90250 002 ***158.75