


**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90002 050 \*\*\*450.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000016061</b> 1. Corporation Name <b>SPEEDEE CASH OF FLORIDA, INC.</b>			
Principal Place of Business <b>971 EAST TENNESSEE STREET</b> <b>TALLAHASSEE FL 32308-6939</b>		Mailing Address <b>971 EAST TENNESSEE STREET</b> <b>TALLAHASSEE FL 32308-6939</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <b>21 961 S. FERDON</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 PO BOX 535</b> Suite, Apt. #, etc.	
22 City & State <b>23 CRESTVIEW, FLORIDA</b> Zip Country <b>24 32536 25 US</b>		27 City & State <b>28 CRESTVIEW, FLORIDA</b> Zip Country <b>29 32536 30 US</b>	
3. Date Incorporated or Qualified <b>02/18/1998</b>		4. FEI Number <b>59-3529471</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CONIGLIO, MICHAEL J</b> <b>971 EAST TENNESSEE STREET</b> <b>TALLAHASSEE FL 32308-6939</b>		10. Name and Address of New Registered Agent <b>81 Name DAVID N. RING</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 961 S. FERDON</b> <b>83</b> <b>84 City CRESTVIEW FL 85 Zip Code 32536</b>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable		DATE <b>5-24-99</b> (NOTE: Registered Agent signature required when resigning)	
12. OFFICERS AND DIRECTORS <b>12.1 TITLE D</b> <input checked="" type="checkbox"/> DELETE <b>12.2 NAME CONIGLIO, MICHAEL J</b> <b>12.3 STREET ADDRESS 971 EAST TENNESSEE STREET</b> <b>12.4 CITY-ST-ZIP TALLAHASSEE FL 32308-6939</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <b>13.1 TITLE PVTSD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>13.2 NAME DAVID N. RING</b> <b>13.3 STREET ADDRESS 806 GAYRINE CT</b> <b>13.4 CITY-ST-ZIP CRESTVIEW FLORIDA 32536</b>	
12.5 TITLE <input type="checkbox"/> DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	
12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	
12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99  
 Date

350/682-0475  
 Daytime Phone #

CR2E034 (11/98)