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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S14047

(2)

PLANT CITY GUN AND PAWN, INC.

Name

TEN | # 514047

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Mar	17	1997	8:00am
Se	crei	tary o	f State

Principal Place of Business Mailing Address						#### BIBN BIBN #1	OIL BIBLE BY	844 B1911 1991
625 6 COLLII PLANT CITY I		625 \$ COLLINS PLANT CITY FL 33566-5513						
					3. Date incorporated or Qualified 11/13/1990 11/13/1996 15/01/1996			,
2. Principal F	Place of Business	28. Mailing Address			4. FEI Number			Applied For
	W BAISER ST	26 2410 W	BAKER .	5T	59-3032382		Ĭ	Not Applicable
Suite, Apt	l. #, e1c.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional
City & Sta	ato.	City & State						Required
	T CITY FL.	28 PLANT C /	rv F	1-	6. Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees
Zip	Country	7(p)	Cour	itry	8. This corporation has liability for			
24 3350	67 25 USA	29 33567		ÚSA	Florida Statutes	Yes		5. 155.051
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered A	gent	
	rbeville, hugh J.			81 Name				
	04 WATERFIELD PKWY.		Ì	82 Street Add	iress (P.O. Box Number is Not Accep	lable)		
LA	KELAND FL 33803		,	50				
			ţ	83				
			Ì	84 City		FL	85 Zq	p Code
11 Purcuant	t to the provisions of Sactions 607 (16)	12 and 607 1508 Florida Sta	lules the ab	ove-named cor	poration submits this statement for the		changing	ite conjetered
office or	registered agent, or both, in the State	e of Florida. Such change wa	as authorized	by the corpora	ation's board of directors. Thereby acc	ept the appo	intment a	is registered
•	am familiar with, and accopt the oblig	gations of, Section 607.0505,	Fiorida Stati	Jies.				
SIGNATURE	Signature, typed or printed harne of registered ag-	ent and blood approxable. (N	IOIL: Registered	Agent Signature requ	ared when reinstating)	DAH		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 111	1			Change	Addition
NAME	TURBEVILLE, HUGH J.		1.2 NA	ME				
STREET ADDRESS			1.3 S16	REET ADDRESS				
CITY-ST-ZIP	LAKELAND FL			Y - ST - ZIP				
TITLE		[_] DELETE	2 1 10	į.		L	Change	Addition
NAME			2.2 NAI					
STREET ADDRESS				REEL ADDRESS				
CITY-ST-ZIP TITLE		DECETE	2 4 Cil	1 Y - S1 - Z(P			Change	Addition
NAME		шин	3.2 NAJ				r Onange	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				IY-SI-ZIP				
TITLE	<del>                                       </del>	DELETE	4.1 TiT		, , , , , , , , , , , , , , , , , , ,		Change	Addilion
NAME	}		4. 2 NA	м			,	
STREET AODRESS			4.3 STF	REEL ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-S1-7IP				
TITLE	1	DELFIE	5 1 10	LF		T	Change	Addition
NAME			5 ? NAI	W				
<b>STRE</b> ET ADDRESS			5.3 S7F	REET ADDRESS				
CITY-ST-ZIP				Y-S1-7IP			<del></del>	
TITLE		L_I DELETE	611111	ì		Ĺ	Change	Addition
NAME			6.2 NAI					
STREET ADDRESS	1			REET ADDRESS				
CITY-ST-ZIP			6.4 CH	Y-S1-ZIP	-			

14. I do 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 charged or on an address.