FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28041** **(9)**

1. Corporation Name
FARM WORKERS CHECK CASHING CO.

Principal Place of Business
2641 AIRPORT RD S
SUITE A-101
NAPLES FL 33962
US

Mailing Address
~~2200 DAVIS BLVD~~
~~NAPLES FL 33942~~

3. Date Incorporated or Qualified: **01/28/1991**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0238793** — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2641 AIRPORT RD S
Suite, Apt. #, etc.
27 A-101
City & State
28 NAPLES FL
Zip 29 33962 Country 30 USA

9. Name and Address of Current Registered Agent
PIRES, ANTHONY P., JR.
801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CLIFTON, THOMAS I.	
STREET ADDRESS	2200 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	☐ DELETE
NAME	ROGER, GREGORY	
STREET ADDRESS	2200 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	☐ DELETE
NAME	CURTIS, JOYCE	
STREET ADDRESS	2200 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	☐ DELETE
NAME	GANT, DONNA M	
STREET ADDRESS	2200 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: Thomas I Clifton CEO 3/18/96 941-775-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)