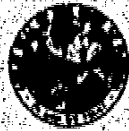


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S59142 (7)**

1. Corporation Name

**MR. B'S PAWN & JEWELRY, INC.**

Principal Place of Business

2508 NO. 50TH STREET  
TAMPA FL 33619  
US

Mailing Address

2508 NO. 50TH STREET  
TAMPA FL 33619  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3070828

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 tangible tax under S. 100.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BEVILLE, JACK T.  
2017 BRYAN RD  
BRANDON FL 33509

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | PSD                             |
| NAME            | BEVILLE, JACK T.                |
| STREET ADDRESS  | P.O. BOX 1561 N/A               |
| CITY - ST - ZIP | BRANDON FL 33509-1561           |
| TITLE           | <del>TSD</del>                  |
| NAME            | <del>KATHERINE D. BEVILLE</del> |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                       |                                                                              |
|---------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | JACK T. BEVILLE       |                                                                              |
| 1.3 STREET ADDRESS  | P.O. BOX 1561 N/A     |                                                                              |
| 1.4 CITY - ST - ZIP | BRANDON FL 33509-1561 |                                                                              |
| 2.1 TITLE           | TSD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | KATHERINE D. BEVILLE  |                                                                              |
| 2.3 STREET ADDRESS  | P.O. BOX 1561 N/A     |                                                                              |
| 2.4 CITY - ST - ZIP | BRANDON FL 33509-1561 |                                                                              |
| 3.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                       |                                                                              |
| 3.3 STREET ADDRESS  |                       |                                                                              |
| 3.4 CITY - ST - ZIP |                       |                                                                              |
| 4.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                       |                                                                              |
| 4.3 STREET ADDRESS  |                       |                                                                              |
| 4.4 CITY - ST - ZIP |                       |                                                                              |
| 5.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                       |                                                                              |
| 5.3 STREET ADDRESS  |                       |                                                                              |
| 5.4 CITY - ST - ZIP |                       |                                                                              |
| 6.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jack T. Beville, Pres.*

JACK T. BEVILLE

4/18/95

813/247-7296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #