## 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 CORPORIORINS

DOCUMENT # S59142
1. Corporation Name

MR. B'S PAWN & JEWELRY, INC.

MH. B'S PAWN & JEWELRY, INC.		
Principal Place of Business	Mailing Address	
2508 NO. 50TH STREET	2508 NO. 50TH STREET	

2508 NO. S TAMPA FL US	33618 MIN 21MEET	TAMPA FL 33619 US		Date incorporated or Qualified     06/12/1991	3a. Date of Last Report 04/26/1995
2. Principa	Place of Business	2a. Mailing Address		4. FEI Number 59-3070828	Applied For  Not Applicable
21		26		39-3070020	
	ot. #, etc.	Suite, Apt. #, et	Ċ.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6, Election Campaign Financing	<b>\$5.00</b> May Be
City & S	iale	28		Trust Fund Contribution	Added to Fees
23	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
Zip	25 Country	29	30	Florida Statutes Yes	No
24	g. Name and Address of Cu	1		10. Name and Address of New F	Registered Agent
	g, Name and Addiess of St		81 Name		
BEVILLE, JACK T. 2017 BRYAN RD			82 Street	Address (P.O. Box Number is Not Acceptate	ole)
	DON FL 33509		В3		
			84 City		FL 85 Zip Code
11. Pursua	ant to the provisions of Sections 607	.0502 and 607.1508, Florida Florida, Such change was au	Statutes, the above named c ithorized by the corporation's	orporation submits this statement for the pu s board of directors. Thereby accept the app	irpose of changing its registered office pointment as registered agent. I am

familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _	Signature, typed or printed hame of registered agent and the	diapplicable (NOTE	Registered Agent signature required	when renstatings DATE
12.	Ogene in the property of the p		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1. 1 THTLE	☐ Change ☐ Addition
NAME	BEVILLE, JACK T.		1.2 NAME.	
STREET ADDRESS	P.O. BOX 1561 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL		1.4 CITY - SF - ZIP	☐ Change ☐ Addition
TITLE	TSD	☐ DELETE	2 1 TIFLE	Change Addition
NAME	BEVILLE, KATHERINE D.		2.2 NAME	
STREET ADDRESS	PO BOX 1561 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADON FL		2.4 CHY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		☐ DEFELE	4, 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - S1 - ZIP	Change Addition
TITLE		☐ DELETÉ	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CiTY-ST-ZiP	Change Addition
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CHTY-ST-ZIP			6 4 CHY - ST - ZIP	the exemption stated in Section 119.07/39/A Florida Statutes I further

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 attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE H-10-96 813/247-7296