

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18466

(5)

1. Corporation Name

COLONEL'S PAWN DEPOT, INC.

Principal Place of Business

3546 S MILITARY TR
LAKE WORTH FL 33463
US

Mailing Address

3546 S MILITARY TRAIL
LAKE WORTH FL 33463
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1992

3a. Date of Last Report

03/29/1994

4. FEI Number

65-0310302

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

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MCCLURE, THOMAS M.
224 GREENBRIER DRIVE
PALM SPRINGS FL 33461

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 the # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MCCLURE, THOMAS M.
224 GREENBRIER DRIVE
PALM SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MCCLURE, DOROTHY L.
224 GREENBRIER DRIVE
PALM SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MCCLURE, DAVID ALAN
352 PONTE VEDRA DR
PALM SPGS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MACCLURE, THOMAS D M JR
6333 LAWRENCE RD
LANTANA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MCCLURE, JAMES EDWARD
224 GREENBRIER DR
PALM SPRINGS FL

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

☐ 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

Delete

Delete

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:

David Alan Mcclure

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3-17-95

Date

407439463

Original Filing #