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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

SOUTHERN PAWN, INC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					inet arare Arber Alber Blotz 1994		
050 MISSOURI AVE. N. 950 MISSOURI LARGO FL 34640 LARGO FL 346					DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified 04/27/1992</li> </ol>		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3191335	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 33 7	Country	7p 22770	Countr	У	8, This corporation owes or has paid the		
24 33 1	9 Name and Address of Current		30		Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No	
DAD	<del></del>	Hogistered Agent	81	Name	. /		
DANINOLOMEN, JOSEPH M				1 4	BARTHOLOMEW, JOSEPH M		
	ARWATER FL 34630		82	82 Street Address (P.O. Box Number is Not Acceptable) 9.50 MISSOUR! HVE		<b>N</b>	
000	ARTITALEN LE 04000		83	3	100 111000001 1110	•	
		_	 	<u> </u>		11	
	1 1		84	1 1	LARGO F	L 85 33770	
11. Pursuant to the provisions of Sections 607 0507 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 ubligation of Section 607.0505, Florida Statutes.							
SIGNATURE _	( ) (30)	JOSEPH	M. 1	BARTI	HOLOMEN		
s	Ignature, typed or printed name of registered agen	and title if approable. (NOTE:	Flegislered Ap	ent signature i	required when reinstating) DATI		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PARTURI OMENI IRREDU M	DELETE	1.1 TITLE	}	PARTUR RUSCO INCERUA		
NAME	BARTHOLOMEW, JOSEPH M 125-14TH STREET		1.2 NAME	- 1	BARTHOLDMEW, VOSBPH N	<i>f</i>	
STREET ADDRESS	<b>BE</b> LLEAIR BEACH FL 33786			T ADDRESS	BARTHOLOMEW, JOSEPH N 950 MISSOURI AVE N LARGO FL 33770		
CITY-ST-ZIP TITLE	DEL		1.4 CiTY- 2.1 TiTLE	SI-ZIP	LARGO PL 33/10	Change Addition	
NAME			2.2 NAME			C change C required	
			•			)	
STREET ADDRESS CITY-ST-2IP			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
TITLE		DELETE				Change Addition	
NAME			3 2 NAME	i			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			3.4. CITY -				
TITLE			4.1 TITLE	J. 2		Change Addition	
NAME			4. 2 NAME	.			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 THILE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	☐ DELETÈ		6.1 TITLE			Change Addition	
NAME			6.2 NAME	ļ			
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 C/TY-				
14. I hereby ce	rtify that the information supplied will	hihis fling does not quality for	the exemp	otion stated	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

his fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information possible port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in entirely with an address. indicated on this annual report or supplementa officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an entire