

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB 21 AM 11:29****DOCUMENT # V73327 (1)**

1. Corporation Name

SPEEDEE CASH MANAGEMENT COMPANY, INC.

Principal Place of Business

**806 GAVERNIE CT.
CRESTVIEW FL 32536**

Mailing Address

**806 GAVERNIE CT.
CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/20/1992

3a. Date of Last Report

02/18/1994

2. Principal Place of Business

21 107 Dogwood Lane

2a. Mailing Address

26 P.O. Box 535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

City & State

23 Crestview, Fl.**28 Crestview, Fl.**

Zip

Country

24 32536**25 USA**

Zip

Country

29 32536**30 USA**

4. FBI Number

59-3151587

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

9. Name and Address of Current Registered Agent

**RING, DAVID N.
806 GAVERNIE CT.
CRESTVIEW FL 32536**

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 if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	LYNN, EARLE M.	9665 TRENDLE LANE	JACKSONVILLE FL
V	ANDERSON, DEBBIE	103 KAMELA CT.	CRESTVIEW FL
S	RING, DAVID N.	806 GAVERNIE CT.	CRESTVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		107 Dogwood Lane	Crestview, Fl. 32536
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie Anderson**2/16/95****682-0475**

(Date)

(Telephone Area #)