



ORIGINAL
Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: August 31, 1998
TO: Blanca Bayo, Director, Division of Records and Reporting
FROM: Nancy Pruitt, Division of Communications *NP*
RE: Company Name Change in Title for Docket No. 981024-TX

Staff requests the following name change by adding a comma:

All Kinds Cashed, Inc.

Attached is a copy of the company's annual report filing with the Secretary of State. The name change should be corrected in the docket title, MCD, and the utilities listed in CMS.

c: Legal (K. Pena)

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- QPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH *by Nonnyo*
out reach

DOCUMENT NUMBER-DATE

09538 SEP-1 88

FPSC-RECORDS/REPORTING

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024369 (7)
 1. Corporation Name
ALL KINDS CASHED, INC.

Principal Place of Business 2000 S. COMBEE ROAD LAKELAND FL 33801	Mailing Address PO BOX 988 WINTER HAVEN FL 33880 US
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2. Principal Place of Business 81 Suite, Apt. #, etc.	2a. Mailing Address 8a P.O. Box 297 Suite, Apt. #, etc.
23 City & State	2b Eaton Park Fla
24 Zip	2c 33840
25 Country	2d POIK

3. Name and Address of Current Registered Agent
**ROBERT, KENNETH
 117 OAKWOOD DR
 WINTER HAVEN FL 33880**

11. Pursuant to the provisions of Sections 607.2002 and 607.1806, 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 607.2006, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, KENNETH C	1.2 NAME	
STREET ADDRESS	117 OAKWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CHRISTOPHER S	2.2 NAME	
STREET ADDRESS	2000 S. COMBEE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(a), 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: *Thomas D. Roberts* **4-8-98**



DO NOT WRITE IN THIS SPACE

8. Date Incorporated or Qualified
03/24/1995

4. FEI Number
99-9351992

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fee**

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Non-Resident Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

CFR2004 (10/97)