

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J69654

(8)

1. Corporation Name

CHEKMATE INTERNATIONAL, INC.

Principal Place of Business

% JOSEPH S. TAYLOR
2136 NW 3RD AVE
OCALA FL 32670

Mailing Address

% JOSEPH S. TAYLOR
2136 NW 3RD AVE
OCALA FL 32670

2. Principal Place of Business

2a. Mailing Address

21

26

PO BOX 1597

Suite, Apt., etc.

State, Apt., etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TAYLOR, JOSEPH S.
2136 NW 3RD AVE
OCALA FL 32670

3. Date Incorporated or Qualified

04/28/1987

3a. Date of Last Report

04/11/1995

4. FFI Number

59-2806545

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

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 607.00(1) and 607.1500, 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 607.00(1), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation.

Signature of the person who is the registered agent of the corporation.

Signature

12. OFFICERS AND DIRECTORS

1. TITLE

D

NAME

TAYLOR, JOSEPH S.

STREET ADDRESS

2136 NW 3RD AVE

CITY, ST, ZIP

OCALA FL

2. TITLE

D

NAME

TAYLOR, BRIAN

STREET ADDRESS

2136 NW 3RD AVE

CITY, ST, ZIP

OCALA FL

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 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 119.07(3)(b), Florida Statutes. I further certify that the information indicated by 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 holder of trustee or power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE TAYLOR

2/21/96

(904) 732-0070

CR2E034 (12/95)