

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 449999 (2)

1. Corporation Name

MULTI-CHEK SYSTEMS, INC.

Principal Place of Business

P.O. BOX 260206
TAMPA FL 33685

Mailing Address

P.O. BOX 260206
TAMPA FL 33685

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/09/1974

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1534187

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 **7345 JACKSON SPRINGS RD**

2a. Mailing Address

26 **P.O. Box 254**

Suite, Apt. #, etc.

22 **SKITE-3**

Suite, Apt. #, etc.

27 **LAKE CITY, S.C.**

City & State

23 **TAMPA, FLA.**

City & State

28 **LAKE CITY, S.C.**

Zip

24 **33634**

Country

25 **HILLS**

Zip

29 **29560**

Country

30 **FLA.**

9. Name and Address of Current Registered Agent

**VERNON C. GUY
7518 HANLEY ROAD
TAMPA FL 33634**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GUY, ROSENE T
STREET ADDRESS	7518 HANLEY RD
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	PVD
NAME	GUY, VERNON
STREET ADDRESS	7518 HANLEY RD
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vernon C. Guy **VERNON C. GUY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 **(813) 884-7245**

DATE

TELEPHONE #