

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90018 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003466

1. Corporation Name

NEWCHECK CORPORATION



Principal Place of Business

8400 BAYMEADOWS WAY
SUITE 12
JACKSONVILLE FL 32256-8248

Mailing Address

8400 BAYMEADOWS WAY
SUITE 12
JACKSONVILLE FL 32256-8248

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1994

4. FEI Number

59-3249725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
C	WILSON, THOMAS	8400 BAYMEADOWS WAY, SUITE 12	JACKSONVILLE FL 32256	
DP	FRIES, DAVID C	8400 BAYMEADOWS WAY, SUITE 12	JACKSONVILLE FL 32256	
S	QUINLAN, JOHN	8400 BAYMEADOWS WAY, SUITE 12	JACKSONVILLE FL 32256	
D	REIN, HARRY	8400 BAYMEADOW WAY, SUITE 12	JACKSONVILLE FL 32256	
VICE PRESIDENT	JERRY GABEARD	8400 BAYMEADOWS WAY, STE 12	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> ADDITION
VICE PRESIDENT	LARRY AXSON	8400 BAYMEADOWS WAY, STE 12	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> ADDITION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VICE PRESIDENT	JOHN STEVENSON	8400 BAYMEADOWS WAY, STE 12	JACKSONVILLE, FL 32256		
DIRECTOR	BRUCE FAHLING	8400 BAYMEADOWS WAY, STE 12	JACKSONVILLE, FL 32256		<input checked="" type="checkbox"/> Addition
DIRECTOR	FRANK KLEIN	8400 BAYMEADOWS WAY, STE 12	JACKSONVILLE, FL 32256		<input checked="" type="checkbox"/> Addition
DIRECTOR	BRIAN GRAFF	8400 BAYMEADOWS WAY, STE 12	JACKSONVILLE, FL 32256		<input checked="" type="checkbox"/> Addition
DIRECTOR	CHARLES YOUNG	8400 BAYMEADOWS WAY, STE 12	JACKSONVILLE, FL 32256		<input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN QUINLAN 4/14/99 904-739-1006

CR2E034 (11/98)