

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90146 041 \*\*\*150.00

DOCUMENT # J69654

1. Corporation Name  
CHEKMATE INTERNATIONAL, INC.

Principal Place of Business  
% JOSEPH S. TAYLOR  
2136 NW 3RD AVE  
OCALA FL 32670

Mailing Address  
P.O. BOX 1597  
OCALA FL 34478  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1987

4. FEI 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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2330 SE 52 ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Ocala FL

City & State

28

Zip

24 34480

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name JOSEPH S. TAYLOR

82 Street Address (P.O. Box Number is Not Acceptable)  
2330 SE 52 ST

83

84 City Ocala

FL

85 Zip Code 34480

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

JOE TAYLOR

JOE TAYLOR

4/9/99

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 TAYLOR, JOE  
STREET ADDRESS P.O. BOX 4015 N/A  
CITY-ST-ZIP Ocala FL 34478

☐ DELETE

TITLE P  
NAME TAYLOR, BRIAN  
STREET ADDRESS 2136 NW 3RD AVE  
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST  
1.2 NAME JOE TAYLOR  
1.3 STREET ADDRESS 2330 SE 52 ST  
1.4 CITY-ST-ZIP Ocala FL 34480

☒ Change ☐ Addition

2.1 TITLE P  
2.2 NAME BRIAN TAYLOR  
2.3 STREET ADDRESS 2330 SE 52 ST  
2.4 CITY-ST-ZIP Ocala FL 34480

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ 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

4/9/99

(352) 732-0070

Date

Daytime Phone #

CR2E034 (1/98)