PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:40

DOCUMENT # L95315 (2)

1. Corporation Name
RAPID CHEK, INC.

Principal Place of Business	Mailing Address
4420 NORTH MANHATTAN AVENUE TAMPA FL 33614	4420 NORTH MANHATTAN AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 59-3031905 ☐ 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

9. Name and Address of Current Registered Agent

SHEAR, ROBERT L.
2605 ENTERPRISE ROAD EAST, SUITE 110
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	S/T/D	☒ Change ☐ Addition
NAME	BERRY, T.E., JR.	12 NAME	Acosta, Randall	
STREET ADDRESS	4420 N MANHATTAN AVENUE	13 STREET ADDRESS	4420 N. Manhattan Ave	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa FL 33614	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	SORBY, STEVEN A.	22 NAME	Removed	
STREET ADDRESS	4420 N MANHATTAN AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	BREMER, INGRID A.	32 NAME	Removed	
STREET ADDRESS	4420 N MANHATTAN AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	P/D	☒ Change ☐ Addition
NAME	NELSON, RAINEY E.	42 NAME	Nelson, Rianey E.	
STREET ADDRESS	4420 N MANHATTAN AVENUE	43 STREET ADDRESS	4420 N. Manhattan Ave	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa, FL 33614	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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)(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.

SIGNATURE: X Rainey E. Nelson 6/8/95 870-6741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0008737 CP