

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90054 008 ****61.25

0073626

DOCUMENT # N95000004939

1. Corporation Name

REALITY CHECK, INC.

Principal Place of Business

701 WEST MAIN STREET
LEESBURG FL 34748

Mailing Address

701 WEST MAIN STREET
LEESBURG FL 34748

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/13/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3342297

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYBRIGHT, JAMES
701 W MAIN ST
LEESBURG FL 34748

81 Name JOSEPH R. Smith

82 Street Address (P.O. Box Number is Not Acceptable)
1078 N. 12th St

83

84 City Leesburg, FL

FL

85 Zip Code 34748

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Joseph R. Smith

1/5/99

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 ☐ DELETE
NAME HINEBAUGH, VANCE
STREET ADDRESS 5624 E HARBOR DR
CITY-ST-ZIP FRUITLAND PARK FL 34731

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME VANCE Hinebaugh
1.3 STREET ADDRESS 3815 ODOM LN,
1.4 CITY-ST-ZIP GRNCLAND, FL. 34736

TITLE VPD ☐ DELETE
NAME TREVORROW, LAURA
STREET ADDRESS 812 OAK DR
CITY-ST-ZIP LEESBURG FL 34748

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME CARL MALDIN
2.3 STREET ADDRESS 4440 SE 6th way
2.4 CITY-ST-ZIP Bushnell, FL. 33513

TITLE SD ☐ DELETE
NAME SMITH, JAY
STREET ADDRESS 107 N 12TH ST
CITY-ST-ZIP LEESBURG FL 34748

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME JAMES MEOLBY
3.3 STREET ADDRESS 209 S. 7th St.
3.4 CITY-ST-ZIP Leesburg, FL. 34748

TITLE DT ☐ DELETE
NAME WAYBRIGHT, JIM
STREET ADDRESS 107 N 12TH STREET
CITY-ST-ZIP LEESBURG FL

4.1 TITLE DT ☒ Change ☐ Addition
4.2 NAME RONALD BRETT
4.3 STREET ADDRESS 2302 JOHNS DR
4.4 CITY-ST-ZIP Leesburg, FL. 34748

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ADMINISTRATOR ☐ Change ☐ Addition
5.2 NAME JOSEPH R. SMITH
5.3 STREET ADDRESS 107 N. 12th St.
5.4 CITY-ST-ZIP Leesburg, FL. 34748

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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:

Joseph R. Smith

1-14-99

323-8179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph R. Smith, Administrator

Date

Daytime Phone #

CR2E037 (1/98)