

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P92000012802 (4)

95 APR 14 PM 3:34

1. Corporation Name

RICK CHEEK ELECTRIC, INC.

Principal Place of Business

**217 ALTAMONTE COMMERCE BLVD.
SUITE 1234
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**217 ALTAMONTE COMMERCE BLVD.
SUITE 1234
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/16/1992

3a. Date of Last Report
07/08/1994

4. FEI Number

59-3157373

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 **217 Altamonte Commerce**

2a. Mailing Address

21 **217 Altamonte Commerce**

22 Suite, Apt. #, etc
Suite 1234

27 Suite, Apt. #, etc
Suite 1234

23 City & State
Altamonte Springs, Fl

28 City & State
Altamonte Springs, Fl

24 Zip
32714

25 Country
U.S.

29 Zip
32714

30 Country
U.S.

9. Name and Address of Current Registered Agent

**CHEEK, RICK
217 ALTAMONTE COMMERCE BLVD
SUITE 1234
ALTAMONTE SPRINGS FL 32714**

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

Rick Cheek

3-21-95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
CHEEK, RICK
217 ALTAMONTE COMMERCE BLVD STE 1234
ALTAMONTE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(3)(b), 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:

Rick Cheek

Rick Cheek

4/4/95

407-775-9775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number