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ANNUAL REPORT
1995

APPROVED AND FILED

95 FEB 03 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054548 (1)

1. Corporate or Name
CREDIT CHECK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 907 RUE DE LA SAVOIE<br>MARY ESTHER FL 32569 | 907 RUE DE LA SAVOIE<br>MARY ESTHER FL 32569 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/30/1993 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 59-3218651 | ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip: 24 County: 25 | Zip: 29 County: 30 |

9. Name and Address of Current Registered Agent

BOOTH, THOMAS W
907 RUE DE LA SAVOIE
MARY ESTHER FL 32569

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: _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 001 TITLE | PST | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BOOTH, BEBORAH P | 12 NAME | |
| STREET ADDRESS | 907 RUE DE LASAVOIR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MARY ESTHER FL | 14 CITY-ST-ZIP | |
| 002 TITLE | VPAD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BOOTH, THOMAS W | 22 NAME | |
| STREET ADDRESS | 907 RUE DE LA SAVOIR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MARY ESTHER FL | 24 CITY-ST-ZIP | |
| 003 TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| 004 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 005 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 006 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: Thomas W. Booth 2-23-95 (904) 581-5539

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0470063 FP