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FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000056901 (8)

1. Corporation Name

CHEC-POINT FINANCIAL SERVICES, INC.



Principal Place of Business

124 ROBIN ROAD  
1800  
ALTAMONTE SPRINGS FL 32715  
US

Mailing Address

453 VILLAGE VIEW LANE  
LONGWOOD FL 32779-2609

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
07/24/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-3325386

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

V. SUE COKE  
~~340 ALMERIA AVENUE~~  
453 VILLAGE VIEW LANE  
LONGWOOD FL 32779

NOT PART OF  
ADDRESS

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
453 Village View Lane

83

84 City Longwood,

FL

85 Zip Code  
32779

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

V. Sue Coke, Vice Pres.

V. Sue Coke

4-28-97

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

(NOTE: Registered Agent's signature required when re-appointing)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME PD  
STREET ADDRESS THELEN, THOMAS P  
CITY-ST-ZIP 453 VILLAGE VIEW LANE  
LONGWOOD FL

TITLE ☐ DELETE

NAME VPD  
STREET ADDRESS COKE, V. SUE  
CITY-ST-ZIP 453 VILLAGE VIEW LANE  
LONGWOOD FL

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS COKE, JOE E.  
CITY-ST-ZIP 453 VILLAGE VIEW LANE  
LONGWOOD FL

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS COKE, JOANN R.  
CITY-ST-ZIP 453 VILLAGE VIEW LANE  
LONGWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

V. Sue Coke 4/28/97 (403) 322-6744

CR2E034 (9/96)