

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

124 ROBIN ROAD
1800
ALTAMONTE SPRINGS FL 32715
US

453 VILLAGE VIEW LANE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

59-3325386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

V. SUE COKE
~~343 ALMERIA AVENUE~~
453 VILLAGE VIEW LANE
LONGWOOD FL 32779

NOT Part of Address
Pls Delete

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

Vice President

V. Sue Coke

DATE

4-16-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)