

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90001 022 ***150.00

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DOCUMENT # **P96000075671**

1. Corporation Name

SUNSHINE CHECK CASHING, INC.

Principal Place of Business

**83 US 27 S
AVON PARK FL 33825
US**

Mailing Address

**1810 SR 17 SO
AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

59-3395925

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 83 US 27 S

2a. Mailing Address

26 1810 SR 17 SO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

AVON PARK FL 33825

City & State

28 AVON PARK FL 33825

Zip

24 33825

Country

25 Highlands

Zip

29 33825

Country

30 Highlands

9. Name and Address of Current Registered Agent

**MCKIBBEN, CHARLES L
1810 SR 17 SO
AVON PARK FL 33825**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MCKIBBEN, CHARLES L**

STREET ADDRESS **1810 SR 17 SO**

CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ DELETE

NAME **RUBEN, ALAN**

STREET ADDRESS **3000 GREEN FAIRWAY COVE**

CITY-ST-ZIP **COLLIERVILLE TN 38017**

TITLE **D** ☐ DELETE

NAME **FATKA, DAVID**

STREET ADDRESS **8882 HILLMAN WAY DR**

CITY-ST-ZIP **MEMPHIS TN 38133**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. McKibben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99
Date

941-453-4700
Daytime Phone #

CR2E034 (11/98)