

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90142 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000051527

1. Corporation Name

CARDINAL SUPER CHESS & SUPER CHECKERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**240 PEBBLE BEACH CIR
UNIT F-102
NAPLES FL 34113**

Mailing Address
**240 PEBBLE BEACH CIR
UNIT F-102
NAPLES FL 34113**

3. Date Incorporated or Qualified

06/10/1997

2. Principal Place of Business
21 NAPLES 500 5TH AVE S.

2a. Mailing Address
26 500 5TH AVE, S

4. FEI Number
59-3451371

Applied For
Not Applicable

City & State
22 522

City & State
27 522

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 NAPLES, FL

City & State
28 NAPLES, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 34102 25 USA

Zip Country
29 34102 30 USA

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

9. Name and Address of Current Registered Agent

**JONES, MAUREEN C
240 PEBBLE BEACH CIR
UNIT F-102
NAPLES FL 34113**

10. Name and Address of New Registered Agent

81 Name **MAUREEN C. JONES**

82 Street Address (P.O. Box Number is Not Acceptable)

500 5TH AVE, S

83 **NAPLES**

84 City

FL

85 Zip Code **34102**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MAUREEN C	1.2 NAME	
STREET ADDRESS	240 PEBBLE BEACH CIR UNIT F-102	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, THOMAS F	2.2 NAME	
STREET ADDRESS	240 PEBBLE BEACH CIR UNIT F-102	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DANIEL F	3.2 NAME	
STREET ADDRESS	240 PEBBLE BEACH CIR UNIT F-102	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Maureen C. Jones**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/99

941-263-7971
Date Daytime Phone #

CR2E034 (11/98)