

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Kathleen B. M. [unclear]
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

SEP 11 - 11:10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V14451 (1)
QUICK-CHECK, INC.

**1321 EAST OLIVE ROAD
PENSACOLA FL 32514**
**PO BOX 15252
PENSACOLA FL 32514**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed	3a. Date of Last Report
02/17/1992	05/10/1994
4. FEI Number	Applied For Not Applicable
59-3106254	
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. 600 University Ct Hice Blvd	26. Suite Apt # etc.
22. ISA	27. City & State
23. Pensacola	28. City & State
24. FL	29. 32504
25. Escambia	30. County

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELIASON, JAMES 1321 E OLIVE RD PENSACOLA FL 32514		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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME VP ELIASON, TRISHA 1321 EAST OLIVE ROAD PENSACOLA FL	NAME President Trisha Eliason 600 Univ. Ct Hice Blvd ISA Pensacola FL 32504	NAME VICE PRESIDENT James Eliason Same as Above	Change ☒ Addition ☐
NAME P ELIASON, JAMES 1321 E OLIVE RD PENSACOLA FL	NAME VICE PRESIDENT James Eliason Same as Above	NAME	Change ☐ Addition ☐
NAME	NAME	NAME	Change ☐ Addition ☐
NAME	NAME	NAME	Change ☐ Addition ☐
NAME	NAME	NAME	Change ☐ Addition ☐
NAME	NAME	NAME	Change ☐ Addition ☐
NAME	NAME	NAME	Change ☐ Addition ☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2 or Block 3, 4 of this report or on an attachment with an address.

SIGNATURE: *Trisha Eliason* *Trisha Eliason* 5-1-95 477-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR