

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V48026 (1)

1. Corporation Name

CHEQUEMARK SYSTEMS, INC.



Principal Place of Business

Mailing Address

81 SURF DRIVE
ST. AUGUSTINE FL 32084
US

P.O. BOX 3845
ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 4440 N. OCEAN SHORE BLVD

26 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

PALM COAST

28

Zip

Country

Zip

Country

24

32137

25

FLAGLER

29

30

4. FEI Number

59-3136589

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

10. Name and Address of New Registered Agent

HILLS, ROBERT R.
81 SURF DRIVE
ST. AUGUSTINE FL 32084

81 Name Robert R. Hills

82 Street Address (P.O. Box Number is Not Acceptable)
141 GENE JOHNSON RD

83

84 City ST. AUGUSTINE

FL

85 Zip Code
32086

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 607.0502, Florida Statutes.

SIGNATURE

Robert R. Hills

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

6/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HILLS, ROBERT R.
81 SURF DRIVE
ST. AUGUSTINE FL 32084

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
P
Hills, Robert R.
141 GENE JOHNSON RD
ST. AUGUSTINE, FL 32086

Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LANDERS, RICHARD L
135 ANSLEY COURT
ROSWELL GA 30076

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert R. Hills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96

904-446-2330

Office Phone

CR2E034 (3/96)