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

Feb 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M73793 (5) WASHCO VENDING, INC. Principal Place of Business Mailing Address 3939 PALM BEACH BLVD. 3939 PALM BEACH BLVD. FT. MYERS FL 33916-0729 FT. MYERS FL 33916-0729 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1988 2. Principal Place of Business 2a, Mailing Address Applied For FEI Number 21 Not Applicable 65-0035397 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stale City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HOLBROOK, H. LEON 2301 INDEPENDENT SQ. 62 Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DR. JACKSONVILLE FL 32202 84 City Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ■ Addition TITLE 1.1 TITLE Change MITCHELL, JOHN S. 1.2 NAME NAME 3939 PALM BEACH BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 T/TLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

February 27, 1998 941-694-4102

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

S Moto be

CITY - ST - ZIP

SIGNATURE:

FILED