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FILED

Mar 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S18275 (5)

1. Corporation Name  
P & P VENDING, INC.



Principal Place of Business

11024 BASQUIN CT  
PORT RICHEY FL 34668  
US

Mailing Address

11024 BASQUIN CT  
PORT RICHEY FL 34668-2302  
US

2. Principal Place of Business

21 14531 LYNCH LN  
Suite, Apt. #, etc.

2a. Mailing Address

26 14531 LYNCH LN  
Suite, Apt. #, etc.

City & State

23 HUDSON FL

City & State

28 HUDSON FL

Zip

24 34667

Country

25 U.S.A.

Zip

29 34667

Country

30

9. Name and Address of Current Registered Agent

ALTMAN, PETER A.  
5920 MAIN ST.  
PORT RICHEY FL 34652

3. Date Incorporated or Qualified

12/06/1990

3a. Date of Last Report

04/10/1996

4. FEI Number

59-3038422

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

10. Name and Address of New Registered Agent

81 Name

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

83 5715 Main St.

84 City

New Port Richey

FL

85 Zip Code

34652

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 agree to the duties of a registered agent under 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

3/12/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PANDOLFINO, FRANK A.  
STREET ADDRESS 14531 LYNCH LANE  
CITY-ST-ZIP HUDSON FL

☐ DELETE

TITLE P  
NAME PARENTE, OLINDO BILL  
STREET ADDRESS 11024 BASQUIN CT  
CITY-ST-ZIP PORT RICHEY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

14531 Lynch Ln  
Hudson FL 34667

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 do 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 any attachment with an address.

SIGNATURE:

Frank Pandolfino VP.

3-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0453199

CR2E034 (9/96)