

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000013235

Entity Name: SMITH HEALTHY VENDING COMPANY

Current Principal Place of Business:

84 SKYLINE DRIVE
FORT MYERS, FL 33903

Current Mailing Address:

84 SKYLINE DRIVE
FORT MYERS, FL 33903 UN

FEI Number: 87-3724151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, MARK P
84 SKYLINE DRIVE
FORT MYERS, FL 33903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SMITH, DAPHEN
Address 84 SKYLINE DRIVE
City-State-Zip: FORT MYERS FL 33903

Title VP
Name SMITH, PARKER
Address 84 SKYLINE DRIVE
City-State-Zip: FORT MYERS FL 33903

Title T
Name SMITH, DAPHEN
Address 84 SKYLINE DRIVE
City-State-Zip: FORT MYERS FL 33903

Title S
Name SMITH, PARKER
Address 84 SKYLINE DRIVE
City-State-Zip: FORT MYERS FL 33903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAPHEN SMITH

PRESIDENT

04/03/2020

Electronic Signature of Signing Officer/Director Detail

Date