

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **362329** (5)

1. Corporation Name

WIGWAM VENDING INC



Principal Place of Business

Mailing Address

**1317 JACKSON BLUFF RD
TALLAHASSEE FL 32304
US**

**1317 JACKSON BLUFF RD
TALLAHASSEE FL 32304
US**

3. Date Incorporated or Qualified
04/08/1970

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1290462

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1317 Jackson Bluff Rd**

26 **1317 Jackson Bluff Rd**

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 **Tallahassee FL**

28 **Tallahassee FL**

Zip

Country

Zip

Country

24 **32304**

25 **leon**

29 **32304**

30 **leon**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMB, MARION, D., III
1972 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308**

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 **MARION D. LAMB III**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SHIVER, JOE L., SR.**
STREET ADDRESS **4440 SHERBORNE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **SHIVER, JOE L., JR.**
STREET ADDRESS **11035 TUNG GROVE RD.**
CITY-ST-ZIP **TALLAHASSEE FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SHIVER, SHIRLEY**
STREET ADDRESS **4440 SHERBORNE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 or changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

576-4448

CR2E034 (3/96)