

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JUN 20 1995

DOCUMENT # 454778 (2)

1. Corporation Name

SERVICE VENDING OF TALLAHASSEE, INC.

Principal Place of Business

4684 MARKET PLACE
TALLAHASSEE FL 32303
US

Mailing Address

4684 MARKET PLACE
TALLAHASSEE FL 32303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1974

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

59-1534480

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. 199.002,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEASLEY, DEBORA
2217 MONACO DR
TALLAHASSEE, FL
32308

10. Name and Address of New Registered Agent

81 Name

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

4864 MARKET PLACE

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
BEASLEY, DARIAN C.
2217 MONACO DR
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

ST
BEASLEY, DEBORA
2217 MONACO DRIVE
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☒ Change ☐ Addition
4864 MARKET PLACE
TALLAHASSEE, FL 32303

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☒ Change ☐ Addition
4864 MARKET PLACE
TALLAHASSEE, FL 32303

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Darian C. Beasley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-95

DATE

904-562-8363

TELEPHONE