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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUL 10 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **454778** (2)

1. Corporation Name
SERVICE VENDING OF TALLAHASSEE,INC.

Principal Place of Business	Mailing Address
4684 MARKET PLACE TALLAHASSEE FL 32303 US	P O BOX 918 HAVANA FL 32333 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1974

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEASLEY, DEBORA
RT 3 BOX 358
TALLAHASSEE, FL
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name: DORIAN BEASLEY
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: Dorian Beasley DATE: 4-15-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, DARIAN C.		1.2 NAME	
STREET ADDRESS	RT 3 BOX 358		1.3 STREET ADDRESS	200002615082--9
CITY-ST-ZIP	HAVANA FL		1.4 CITY-ST-ZIP	-08/13/98--01077--013 ****300.00 ****150.00
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, DEBORA		2.2 NAME	
STREET ADDRESS	RT 3 BOX 358		2.3 STREET ADDRESS	200002615082--9
CITY-ST-ZIP	HAVANA FL		2.4 CITY-ST-ZIP	-08/13/98--01077--014 *****17.50 ******6.75
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darian C. Beasley 4-15-98 850-562-8363

CR2E034 (10/97)