

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 524765 (5)
 1. Corporation Name
LOUQUE VENDING CO., INC.

Principal Place of Business 118 W MAIN ST PO BOX 111 PERRY FL 32347	Mailing Address 118 W MAIN ST PO BOX 111 PERRY FL 32347-2656
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1977	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1735157		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JONES, WAYNE S. 711 NORTH ORANGE ST. PERRY FL 32347		10. Name and Address of New Registered Agent	
81. Name	DAVID C. DICKSON		
82. Street Address (P.O. Box Number is Not Acceptable)	116 W. MAIN ST.		
83. City	PERRY FL 32347		

11. Pursuant to the provisions of Sections 607.0602 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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WAYNE S	1.2 NAME	
STREET ADDRESS	711 NORTH ORANGE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PERRY, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PRESIDENT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID C. DICKSON	2.2 NAME	
STREET ADDRESS	116 W. MAIN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PERRY FL 32347	2.4 CITY - ST - ZIP	
TITLE	VPS/D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD L. WINDHAM	3.2 NAME	
STREET ADDRESS	1108 CARISSA DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL. 32308	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/24/97** DAYTIME PHONE: **584-4611**

CR2E034 (9/96)