2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524765 LOUQUE VENDING CO., INC. Principal Place of Business Mailing Address 118 W MAIN ST 118 W MAIN ST PO BOX 111 PO BOX 111 **PERRY FL 32347** PERRY FL 32347-2656

Principal Place of Business

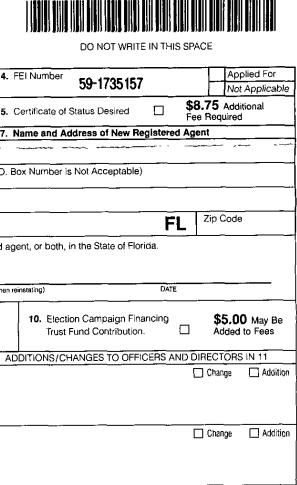
changed, or on an attachment

SIGNATURE:

3. Mailing Address

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90333 029 ***150.00



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DICKSON, DAVID C. Street Address (P.O. Box Number is Not Acceptable) 116 W. MAIN ST. **PERRY FL 32347** City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 11. TITLE ☐ Delete DICKSON, DAVID C. NAME STREET ADDRESS STREET ADDRESS 116 W. MAIN ST. CITY-ST-ZIP CITY-ST-ZIP PERRY FL TITLE **VPSD** Delete TITLE NAME NAME WINDHAM, RICHARD L. STREET ADDRESS STREET ADDRESS 1108 CARISSA DR. CITY-ST-ZIP CITY-ST-ZIP Tallahassee Fl ☐ Change ■ Addition _ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 of the receiver or true eet employee of the exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OF DIRECTOR

DAVID L DICKSON 5/1/00

ECTOR

all othe