FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **558545** **(0)**

1. Corporate Name
DISPENSING SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2929 WEST AVE PO BOX 291 GULFBREEZE FL 32561	2929 WEST AVE PO BOX 291 GULFBREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1978**
3a. Date of Last Report: **03/11/1994**

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number: **58-1306933** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Rt. 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP 24 / County 25 / ZIP 29 / County 30

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUCKENBACH, BARRY R.
407 LAKE HOWELL RD.
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	STD	1 TITLE	☐ Change ☐ Addition
1 NAME	DAVIS, LAURA L	1 NAME	
1 STREET ADDRESS	130 N STREET	1 STREET ADDRESS	
1 CITY ST ZIP	DECATUR, GA 00000	1 CITY ST ZIP	
2 TITLE	PD	2 TITLE	☐ Change ☐ Addition
2 NAME	DAVIS, RONALD B	2 NAME	
2 STREET ADDRESS	130 NEW STREET	2 STREET ADDRESS	
2 CITY ST ZIP	DECATUR, GA 00000	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an address, with an "X" in the box.

SIGNATURE: Ronald B. Davis 5-5-95 (404)381-6857

SIGNATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECTOR
Ronald B. Davis PRESIDENT

Date (404)381-6857 Telephone #

000012 CR