

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 558545 (0)

1. Corporation Name

DISPENSING SYSTEMS OF FLORIDA, INC.



Principal Place of Business

2929 WEST AVE
PO BOX 291
GULFBREEZE FL 32561

Mailing Address

2929 WEST AVE
PO BOX 291
GULFBREEZE FL 32561

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
01/31/1978

3a. Date of Last Report
05/11/1995

4. FEI Number
58-1306933

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. 199.032,
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 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 of Registered Agent (Printed Name and Address)

Signature of Registered Agent (Printed Name and Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

STD
DAVIS, LAURA L
130 N STREET
DECATUR, GA 00000

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
DAVIS, RONALD B
130 NEW STREET
DECATUR, GA 00000

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. DAVIS PRESIDENT

DATE

(770) 381-6857

CR2E034 (12/95)