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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 678395 (5)

1. Corporation Name

B & B VENDING, INC.



Principal Place of Business

Mailing Address

% 721 ORANGE AVENUE  
DAYTONA BEACH FL 32114

% 721 ORANGE AVENUE  
DAYTONA BEACH FL 32114

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRBY, JAMES L  
2274 ORIOLE LANE  
SOUTH DAYTONA FL 32119

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
KIRBY, JAMES L  
STREET ADDRESS  
2274 ORIOLE LANE  
CITY-STATE-ZIP  
SOUTH DAYTONA FL

TITLE ☐ DELETE

NAME  
ANDERSON, BEN E  
STREET ADDRESS  
420 6TH STREET  
CITY-STATE-ZIP  
HOLLY HILL FL

TITLE ☒ DELETE

NAME  
SEAMAN, CARL E  
STREET ADDRESS  
140 7TH STREET  
CITY-STATE-ZIP  
HOLLY HILL FL

TITLE ☒ DELETE

NAME  
SEAMAN, LINDA J  
STREET ADDRESS  
140 7TH ST  
CITY-STATE-ZIP  
HOLLY HILL FL

TITLE ☐ DELETE

NAME  
KIRBY, M. J  
STREET ADDRESS  
2274 ORIOLE LN  
CITY-STATE-ZIP  
SOUTH DAYTONA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

M. J. KIRBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 904-257-5558  
Daytime Phone #

CR2E034 (12/95)