

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Dandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG -4 AM 8:48

SECRETARY OF STATE
1711 LANASSIE, FLORIDA

DOCUMENT # 822354

1. Corporation Name

Folz Vending Co., Inc.

Principal Place of Business

3401 Lawson Blvd.
Oceanside NY 11572

Mailing Address

3401 Lawson Blvd.
Oceanside NY 11572

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

ZIP

24

Country

25

ZIP

29

Country

30

3. Date Incorporated or Qualified

01/29/1969

3a. Date of Last Report

03/31/1996

4. FEI Number

11-1704443

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

10. Name and Address of New Registered Agent

Malone, Brian
4801 Mandy Ave
Tampa, Florida 33617

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Corporation Service Company

1201 Hays Street

Tallahassee FL 85 ZIP 32301

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.

STANLEY R. HOWIE, JR.

(NOTE: Registered Agent signature required when reinstating)

7-25-97

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

Breen, Laura
3401 Lawson Blvd.
Oceanside NY 11572

1.1 TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Allen, Laura

800002262438-3

TITLE NAME ☐ DELETE

Director, President
Folz, Roger C.
3401 Lawson Blvd.
Oceanside NY 11572

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

08/08/97-01139-013

*****225.00 *****225.00

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

800002262438-3

08/08/97-01139-014

*****325.00 *****325.00

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laura Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura Allen

6/17/97

Date

(516) 678-3600

Daytime Phone #

CP2E034 (3/96)