## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # F8871( HASSEE VENDING, INC.	6 (8)				
Principal Place of Business Mailing Address					I IRDIINA LIBI HAIDI IAIII 1888 IIAIA AIII A	idil diali dibit didil dibit didil iddi
N ARTHUR J. JUSKO 1303 LEEWOOD DR TALLAHASSEE FL 32312		% ARTHUR J. JUSKO 1303 LEEWOOD DR TALLAHASSEE FL 32312		DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE	
					06/28/1982	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-2200608	Not Applicable  \$8.75 Additional	
22]					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Cempaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country Zip Co		Coun	try	8. This corporation owes or has paid t	he current year Intangible
24	25	29	30		Personal Property Tax due June 30	
	9, Name and Address of Curren	I Registered Agent			10. Name and Address of New Regis	tered Agent
	ISKO, ARTHUR J		'	Name		
1303 LEEWOOD DR			Ī	Street Ad	dress (P.O. Box Number is Not Acceptable)	· - · · · · · · · · · · · · · · · · · ·
TALLAHASSEE FL 32312				13		
				"		
			1	14 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	c and title it applicable (NOT	F: Reg stered			DATE
12.	OFFICERS AND DIRECTORS  DP DELETE		13.		ADDITIONS/CHANGES TO OFFICER	
title Name	JUSKO, ARTHUR J		1.1 TITE 1.2 NAM	1		Change Addition
STREET ADDRESS	1303 LEEWOOD DR			EET ADDRESS		[8]
CITY-ST-ZIP	TALLAHASSEE, FL 00000			-ST-ZIP		
TITLE	D			E		☐ Change ☐ Addition €
NAME	JUSKO, ELIZABETH J		2.2 NAN	į		,
STREET ADDRESS	1303 LEEWOOD DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CIT	Y - ST - ZIP		
TITLE	DELETE		3.1 TITL	E		Change Addition
NAME	RUSSELL, ELIZABETH E		3.2 NAN	E		
STREET ADDRESS	3750 PEACHTREE RD., NE		3 3 STA	EET ADDRESS		
CITY-ST-ZIP	ATHENS GA	T or ere		Y-ST-ZIP		
TITLE		☐ DELETE	. 4.1 TITL	1		☐ Change ☐ Addition
NAME			4. 2 NAI			
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY 5.1 TITL	-ST-ZIP		Change Addition
NAME	<del></del>		5.1 HILL 5.2 NAM			C Overage C varietion
STREET ADDRESS				ET ADDRESS		İ
CITY-ST-ZIP				-ST-ZIP		
TIFLE	-	DELETE	6.1 TITL	~~~ <del>~~</del>		☐ Change ☐ Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STR	E1 ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		}

14. 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 annual report or suppliemental 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 en attachment with an address.

SIGNATURE:

**FILED** 

Apr 29 1998 8:00am

Secretary of State