2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2008 8:00 am Secretary of State **DOCUMENT # F88716** 05-02-2008 90146 050 ***150.00 1. Entity Name TALLAHASSEE VENDING, INC. Principal Place of Business Mailing Address 40093725 % ARTHUR I. JUSKO 1303 LEEWOOD DR 2821 SHARZA % ARTHUR J. JUSKO 1303 LEEWOOD DR 282/ 5 HARER TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 3. Mailing Address 282/ SHARER Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # 2821 SHARZE PD Suite, Apt. #, etc. 05012008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For TALLAHAS. 59-2200608 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUSKO, ARTHUR 🕽 1303 LEEWOOD DR 2821 SHARER RD. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32312 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE JUSKO ARTHUR J NAME 2821 SHARER ZD. NAME STREET ADDRESS 1903 LEEWOOD DR STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP TALLAHASSEE, FL 00000. CITY-ST-ZIP TITLE ☐ Delete TITLE JUSKO, ELIZABETH J NAME 2821 SHARER RD. 1303 LEEWOOD DR -STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP TITLE ☐ Defete Change RUSSELL, ELIZABETH E NAME NAME 3750 PEACHTREE RD., NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ATHENS, GA CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other tiple empowered.

ARTHUL J. JUSKO 54-08 (850)383-0788

FILED