

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L46015 (8)

1. Corporation Name

BREAK TIME VENDING SERVICE, INC.

Principal Place of Business

4533 SUNBEAM ROAD
SUITE 502
JACKSONVILLE FL 32257

Mailing Address

4533 SUNBEAM ROAD
SUITE 502
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/23/1990

3a. Date of Last Report

04/12/1994

4. FEI Number

59-3012842

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

LEWIS, KENNETH G.
4533 SUNBEAM ROAD
SUITE 502
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name Lewis Kenneth G.
82 Street Address (P.O. Box Number is Not Acceptable)
205 Marsh Place So.
83
84 City ST. Augustine FL 85 Zip Code 32084

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

Kenneth G. Lewis President

4-15-95

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS, KENNETH G.
STREET ADDRESS 4533 SUNBEAM RD #502
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD
NAME LEWIS, LORRAINE
STREET ADDRESS 4533 SUNBEAM RD #502
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☒ Change ☐ Addition
1.2 NAME Lewis Kenneth G.
1.3 STREET ADDRESS 205 Marsh Place So
1.4 CITY-ST-ZIP ST. Augustine FL 32084

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Lewis Lorraine
2.3 STREET ADDRESS 205 Marsh Place So.
2.4 CITY-ST-ZIP ST. AUGUSTINE FL 32084

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 110.07(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:

Kenneth G. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95

Date

904 471-3022

Charter Number