| DOCUMENT # L99285 | | | | Secretary of State 01-14-2008 90098 001 ***150.00 | |
|---|--|--|--|--|--|
| | SWAY VENDING CORPO | RATION | | | |
| 919 A1A 301 | e of Business BOR BEACH, FL 32937 | Mailing Address P.O. BOX 372149 SATELLITE BEACH, FL | . 32937 | | |
| Principal P / イ ろ 1 | lace of Business - No P.O. Box # | 3. Mailing Address | me | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 01102008 Chg-P CR2E034 (12/06) | |
| City & Stat | | City & State | · · · · · · · · · · · · · · · · · · · | 4. FEI Number Applied For 11-2226464 Not Applicab | |
| Zip 32 | | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and Address of Curren | t Registered Agent | Name | 7. Name and Address of New Registered Agent | |
| JLL, JOH | IN VP | | | Bull John | |
| 301 | 119 A1A 101 | | Street Address (P.O. Box Number is Not Acceptable) 1437 Pineapple Ave 701 | | |
| IDIAN H/ | ARBOR BEACH, FL 32937 | | | ······································ | |
| | | | City | Rebourne FL ZipCode 33 | |
| | ions of registered agent. | nt and title if applicable. (NC | DTE: Registered Agent signatu | registered agent, or both, in the State of Florida. I am familiar with, and accept / - X - O S re required when reinstating) DATE | |
| GNATURE. | Signature, typed or printed name of registered age | 9. Election Camp | aign Financing | 1-8-08 | |
| GNATURE. | Signatura, typed or printed name of registered age | 9. Election Camp Trust Fund Cor | aign Financing | re required when reinstating) DATE | |
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