FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050574 (1)**

1. Corporation Name

C & S VENDING, INC.

Principal Place of Business	Mailing Address
335 SAILFISH DRIVE E ATLANTIC BEACH FL 32233	335 SAILFISH DRIVE E ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3174368	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 taxable, for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 City	25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANE, SUSAN C 335 SAILFISH DRIVE E ATLANTIC BEACH FL 32233	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent without changing officers) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CANE, JOHN G	12 NAME	
STREET ADDRESS	335 SAILFISH DRIVE E	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CANE, SUSAN C	22 NAME	
STREET ADDRESS	335 SAILFISH DRIVE E	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MALEY, BERNARD	32 NAME	
STREET ADDRESS	15 SIR EDWARD TEACH	33 STREET ADDRESS	
CITY-ST-ZIP	MIDWAY GA 31320	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MALEY, ELAINE	42 NAME	
STREET ADDRESS	15 SIR EDWARD TEACH	43 STREET ADDRESS	
CITY-ST-ZIP	MIDWAY GA 31320	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) 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)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: Susan C Cane

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR

4-27-95 (DATE)

(904)249-5707 (Daytime Phone #)

0010769 CP