

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000050574 (1)

1. Corporation Name

C & S VENDING, INC.



Principal Place of Business

335 SAILFISH DRIVE E
ATLANTIC BEACH FL 32233

Mailing Address

335 SAILFISH DRIVE E
ATLANTIC BEACH FL 32233

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CANE, SUSAN C
335 SAILFISH DRIVE E
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

05/01/1995

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0507 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

Signature, typed or printed name of registered agent of the corporation.

(If 301. Registered Agent signature is required when completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME CANE, JOHN G
STREET ADDRESS 335 SAILFISH DRIVE E
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

D
NAME CANE, SUSAN C
STREET ADDRESS 335 SAILFISH DRIVE E
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

D
NAME MALEY, BERNARD
STREET ADDRESS 15 SIR EDWARD TEACH
CITY-ST-ZIP MIDWAY GA 31320

TITLE ☐ DELETE

D
NAME MALEY, ELAINE
STREET ADDRESS 15 SIR EDWARD TEACH
CITY-ST-ZIP MIDWAY GA 31320

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 119.07(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:

Susan C. Cane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96 (94) 249-5107
Date Expiry Date

CR2E034 (12/95)