FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P93000060905 (5)**

1. Corporation Name

T N T VENDING, INC.

Principal Place of Business	Mailing Address
2048 LOMAS DR. CLEARWATER FL 34623	2048 LOMAS DR. CLEARWATER FL 34623

3. Date Incorporated or Qualified: **08/26/1993**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business
21 2011 WEAVER PARK DRIVE
Suite, Apt. #, etc. 22
City & State 23 CLEARWATER FL
Zip 24 34625 County 25

2a. Mailing Address
26 2011 WEAVER PK DR.
Suite, Apt. #, etc. 27
City & State 28 CLEARWATER FL
Zip 29 34625 County 30

4. FEI Number: **59-3199961** ☐ 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

GULOTTA, THOMAS B
2048 LOS LOMAS DR.
CLEARWATER FL 34623

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 607.0502 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( ) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition P
NAME	GULOTTA, THOMAS B.	12 NAME	GULOTTA, THOMAS B.
STREET ADDRESS	2048 LOS LOMAS DR.	13 STREET ADDRESS	2048 LOS LOMAS DR.
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP	CLEARWATER, FL 34623
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	ELLERY, PHILIP J	22 NAME	DELETE
STREET ADDRESS	145 KENDRA WAY NO. 506	23 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL 34684	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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 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)(i), 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), above, or on an attachment with an address.

SIGNATURE: Thomas B. Gulotta — 12 April 1995 — 442-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488804 FP