Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061191

1. Corporation Name

23

24

Zip

REBBER, DONALD F

R & R VENDING INC.					
Principal Place of Business	Mailing Address	-			
3680 STEFANI ROAD CANTONMENT FL 32533	P. O. BOX 7591 PENSACOLA FL 32534 US				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	26				
22	27				

City & State City & State

28 Country Country Zip

29 30 25 9. Name and Address of Current Registered Agent

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90256 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

08/27/1993 4. FEI Number

59-3056406

3680 STEFANI ROAD CANTONMENT FL 32533		82	Street Address (P.O. Box Number is Not Acceptable)						
		83							
		84	City		EL 85	Zip C	ode		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	M □ DELETE	1.1 TITLE			□Ch		Addition		
NAME	REBBER, DONALD F	1.2 NAME			_	•			
STREET ADDRESS	3680 STEFANI ROAD	1.3 STREET	ADORESS						
CITY-ST-ZIP	CANTONMENT FL	1.4 CrTY-S							
TITLE	D DELETE	2.1 TITLE			□ Ch	ange	Addition		
NAME	REBBER, DONALD F JR	2.2 NAME							
STREET ADDRESS	.3680-STEFANI.RD	2.3 STREET	ADDRESS				_		
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-S	T-ZIP	İ					
TITLE	D DELETE	3.1 TITLE			□ Ch	ange	☐ Addition		
NAME	REBBER, MARY A	3.2 NAME							
STREET ADDRESS	3680 STEFANI RD	3.3 STREET	ADDRESS						
CITY-ST-ZIP	CANTONMENT FL	3.4. CITY-S	T-ZIP						
TITLE	☐ DELETE	4.1 TITLE				ange	Addition		
NAME		4.2 NAME		ļ			Į		
STREET ADDRESS		4.3 STREET	ADDRESS				į		
CITY-ST-ZIP		4.4 CITY-S	-ZIP						
TITLE	☐ DELETE	5.1 TITLE		}	Ch	ange	☐ Addition		
NAME		5.2 NAME		`			i		
STREET ADDRESS		5.3 STREET	ADDRESS				Į		
CITY-ST-ZIP		5.4 CITY-S	-ZIP						
TITLE	☐ DELETE	6.1 TTTLE			☐ Ch	ange	☐ Addition		
NAME	•	6.2 NAME							
STREET ADORESS	•	6.3 STREET	ADORE\$S						
CITY-ST-ZIP	partify that the information supplied with this filling does not qualify for t	6.4 CITY-ST		<u> </u>					

Name

I nereby cerury that the information supplied with this filing 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, or on an attachment with an address, with all other like empowered.