

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 06 1997 8:00am  
Secretary of State

DOCUMENT # P93000088290 (0)

1. Corporation Name

ANTHONY'S SNACKS AND VENDING, INC.

Principal Place of Business

8235 LEO KIDD AVE.  
PORT RICHEY FL 34668  
US

Mailing Address

8235 LEO KIDD AVE  
PORT RICHEY FL 34668-6809  
US

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

02/20/1996

4. FEI Number

59-3218165

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

DONNARUMA, ANTHONY  
8235 LEO KIDD AVE.  
PORT RICHEY FL 34668

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
DONNARUMA, ROSE  
STREET ADDRESS  
2224 HARRISON DRIVE  
CITY - ST - ZIP  
HOLIDAY FL 34691

TITLE ☐ DELETE

ST  
NAME  
BULL, BARBARA  
STREET ADDRESS  
4612 CYPRESS POND COURT  
CITY - ST - ZIP  
NEW PORT RICHEY FL

TITLE ☐ DELETE

P  
NAME  
DONNARUMA, ANTHONY  
STREET ADDRESS  
2224 HARRISON DRIVE  
CITY - ST - ZIP  
HOLIDAY FL 34691

TITLE ☐ DELETE

V  
NAME  
DONNARUMA, LOUIS  
STREET ADDRESS  
9201 LEDGESTONE LANE  
CITY - ST - ZIP  
PORT RICHEY FL 34668

TITLE ☐ DELETE

V  
NAME  
DONNARUMA, STEVEN  
STREET ADDRESS  
10908 MANCHESTER ROAD  
CITY - ST - ZIP  
PORT RICHEY FL

TITLE ☐ DELETE

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 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.

SIGNATURE:

*Barbara Bull*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/97 (815) 848-4210*  
Date Daytime Phone #

CR2E034 (9/96)