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 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024944 (8)**

1. Corporation Name

DELTA VENDING CORPORATION

Principal Place of Business	Mailing Address
12095 DESCARTES DRIVE, SUITE 1 ORLANDO FL 32826	12095 DESCARTES DRIVE, SUITE 1 ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 446 Moffat Loop	26 446 Moffat Loop
Suite, Apt. #, etc. 22 ~~Delp~~ Oviedo FL	Suite, Apt. #, etc. 27
City & State 23 32765	City & State 28 Oviedo FL
Zip / Country 24 / 25 USA	Zip / Country 29 32765 / 30 USA

4. FEI Number: 59-3233210 ☐ 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	10. Name and Address of New Registered Agent
CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD., SUITE 211 PALM BEACH GARDENS FL 33418	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Vice President	☒ Change ☐ Addition
NAME	ALLMOND, AUBREY L III	12 NAME		
STREET ADDRESS	12095 DESCARTES DRIVE, SUITE 1	13 STREET ADDRESS	446 Moffat Loop	
CITY-ST-ZIP	ORLANDO FL 32826	14 CITY-ST-ZIP	Oviedo FL 32765	
TITLE	D	21 TITLE	President	☒ Change ☐ Addition
NAME	ALLMOND, AUBREY L JR	22 NAME		
STREET ADDRESS	12095 DESCARTES DRIVE, SUITE 1	23 STREET ADDRESS	249 Apollo Beach Blvd. #706	
CITY-ST-ZIP	ORLANDO FL 32826	24 CITY-ST-ZIP	Apollo Beach FL 33572	
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)(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: _____ Aubrey L. Allmond III 3/17/95 (407) 366-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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