FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000032474 (6)**

1. Corporation Name

SUNBELT VENDING CORP.

Principal Place of Business

10541 SATELLITE BLVD.
ORLANDO FL 32837
US

Mailing Address

10541 SATELLITE BLVD.
ORLANDO FL 32837
US

3. Date Incorporated or Qualified: **04/26/1994**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **59-3240387** ☐ 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: [X] Yes ☐ No

2. Principal Place of Business
21 5796 Hoffner Avenue
Suite, Apt. #, etc.
22 Suite 601
City & State
23 Orlando, FL
Zip 24 32822 Country 25 USA

2a. Mailing Address
26 5796 Hoffner Avenue
Suite, Apt. #, etc.
27 Suite 601
City & State
28 Orlando, FL
Zip 29 32822 Country 30 USA

9. Name and Address of Current Registered Agent

CASELLA, JOANNE S
10541 SATELLITE BLVD
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5796 Hoffner Avenue
83 Suite 601
84 City Orlando FL 85 Zip Code 32822

11. Pursuant to the provisions of Section 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: Joanne Casella Joanne Casella President 3-22-96
(Must be signed by registered agent) (Title) (Date)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE: P
NAME: CASELLA, JOANNE S
STREET ADDRESS: 6517 BANNER LAKE CIRCLE - #15204
CITY-ST-ZIP: ORLANDO FL

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
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☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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: Joanne Casella Joanne Casella President 3-22-96 407-384-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)