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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000038087 (0)

1. Corporation Name
R & G VENDING, INC.



Principal Place of Business
2659 MORNINGSIDE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address
2659 MORNINGSIDE BLVD.
PORT ST. LUCIE FL 34952-5476

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
04/18/1996

2. Principal Place of Business
21 538 SE MONTEREY Rd
Suite, Apt. #, etc

2a. Mailing Address
26 24925 W. ESTELLA TERR.
Suite, Apt. #, etc

4. FEI Number
65-0496474

Applied For
Not Applicable

22 City & State
23 Stuart, Florida
24 Zip 34944
25 Country Martin

27 City & State
28 PALM CITY, FL.
29 Zip 34990
30 Country MARTIN

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

FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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 D ☒ DELETE
NAME RENNA, MARIE
STREET ADDRESS 2659 MORNINGSIDE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☒ DELETE
NAME RENNA, ROBERT
STREET ADDRESS 2659 MORNINGSIDE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME MARIE RENNA
1.3 STREET ADDRESS 2659 SE BLUEM WAY
1.4 CITY-ST-ZIP PT. ST. LUCIE, FL. 34952

2.1 TITLE SEC/TRES ☐ Change ☒ Addition
2.2 NAME LOREEN CALARCO
2.3 STREET ADDRESS 2492 S.W. ESTELLA TERRACE
2.4 CITY-ST-ZIP PALM CITY, FL. 34990

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: LOREEN CALARCO LOREEN CALARCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 (561) 820-9767
Date Daytime Phone #

CR2E034 (9/96)