

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 JUL -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047888 (0)

1. Corporation Name

HIGH TECH VENDING, INC.

Principal Place of Business

**240 20TH ST NW
LARGO FL 34640**

Mailing Address

**240 20TH ST NW
LARGO FL 34640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

NONE

4. FFI Number

59-3251909

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**

6. Does corporation have liability for election law under 100.000
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Same

Same

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBURN, WARREN
240 20TH ST NW
LARGO FL 34640**

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 607.0503, Florida Statutes.

SIGNATURE

Warren Coburn, President

Warren Coburn, President

6/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D COBURN, WARREN
STREET ADDRESS	240 20TH ST NW
CITY, STATE, ZIP	LARGO FL 34640
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14. NAME		☐ Change ☐ Addition
15. NAME		☐ Change ☐ Addition
16. NAME		☐ Change ☐ Addition
17. NAME		☐ Change ☐ Addition
18. NAME		☐ Change ☐ Addition
19. NAME		☐ Change ☐ Addition
20. NAME		☐ Change ☐ Addition
21. NAME		☐ Change ☐ Addition
22. NAME		☐ Change ☐ Addition
23. NAME		☐ Change ☐ Addition
24. NAME		☐ Change ☐ Addition
25. NAME		☐ Change ☐ Addition
26. NAME		☐ Change ☐ Addition
27. NAME		☐ Change ☐ Addition
28. NAME		☐ Change ☐ Addition
29. NAME		☐ Change ☐ Addition
30. NAME		☐ Change ☐ Addition

14. I hereby verify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.0107(1)(b), Florida Statutes. I further verify that the information submitted on this report is true and accurate and that my registration with the Secretary of State is in good standing and that I am familiar with and accept the obligations of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the K-12 or K-13 filed report or registration renewal with an address.

SIGNATURE: *Warren Coburn, President*

Warren Coburn, President 6/29/95 813-461-1010

CR2E034 (3/95)