


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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90168 002 \*\*\*150.00

0035586

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P94000067929**

1. Corporation Name  
**B K VENDING, INC.**



Principal Place of Business <b>6744 BAKERSFIELD DRIVE JACKSONVILLE FL 32210</b>	Mailing Address <b>6744 BAKERSFIELD DRIVE JACKSONVILLE FL 32210</b>
--	--

<b>11418 DRAKEWOOD Ct Jacksonville FL 32223</b>	<b>11418 Drake wood Ct Jacksonville FL 32223</b>
---	--

2. Principal Place of Business <b>21 11418 DRAKEWOOD Ct</b>	2a. Mailing Address <b>26 11418 Drake wood Ct</b>
--	--

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
----------------------------------	----------------------------------

City & State <b>23 Jacksonville FL</b>	City & State <b>28 Jacksonville FL</b>
---	---

Zip <b>24 32223</b>	Country <b>25 Duval</b>	Zip <b>29 32223</b>	Country <b>30 Duval</b>
------------------------	----------------------------	------------------------	----------------------------

9. Name and Address of Current Registered Agent <b>ELMORE, CAROLYN 5330 CORONET DR JACKSONVILLE FL 32205</b>
---

3. Date Incorporated or Qualified <b>09/15/1994</b>
--

4. FEI Number <b>59-3279365</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
--

10. Name and Address of New Registered Agent
--

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 <b>Carolyn Elmore</b>	DATE <b>4-14-99</b>
---------------------------------	---------------------

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
----------------------------	---

TITLE <b>P</b>	NAME <b>COMBS, TERRY</b>	STREET ADDRESS <b>6744 BAKERSFIELD DRIVE</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	1.1 TITLE <b>Change</b>	1.2 NAME <b>Addition</b>	1.3 STREET ADDRESS <b>Change</b>	1.4 CITY-ST-ZIP <b>Addition</b>
TITLE <b>ST</b>	NAME <b>ELMORE, CAROLYN</b>	STREET ADDRESS <b>5330 CORONET DR</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	2.1 TITLE <b>Change</b>	2.2 NAME <b>Addition</b>	2.3 STREET ADDRESS <b>Change</b>	2.4 CITY-ST-ZIP <b>Addition</b>
TITLE <b>DELETED</b>	NAME <b>DELETED</b>	STREET ADDRESS <b>DELETED</b>	CITY-ST-ZIP <b>DELETED</b>	3.1 TITLE <b>Change</b>	3.2 NAME <b>Addition</b>	3.3 STREET ADDRESS <b>Change</b>	3.4 CITY-ST-ZIP <b>Addition</b>
TITLE <b>DELETED</b>	NAME <b>DELETED</b>	STREET ADDRESS <b>DELETED</b>	CITY-ST-ZIP <b>DELETED</b>	4.1 TITLE <b>Change</b>	4.2 NAME <b>Addition</b>	4.3 STREET ADDRESS <b>Change</b>	4.4 CITY-ST-ZIP <b>Addition</b>
TITLE <b>DELETED</b>	NAME <b>DELETED</b>	STREET ADDRESS <b>DELETED</b>	CITY-ST-ZIP <b>DELETED</b>	5.1 TITLE <b>Change</b>	5.2 NAME <b>Addition</b>	5.3 STREET ADDRESS <b>Change</b>	5.4 CITY-ST-ZIP <b>Addition</b>
TITLE <b>DELETED</b>	NAME <b>DELETED</b>	STREET ADDRESS <b>DELETED</b>	CITY-ST-ZIP <b>DELETED</b>	6.1 TITLE <b>Change</b>	6.2 NAME <b>Addition</b>	6.3 STREET ADDRESS <b>Change</b>	6.4 CITY-ST-ZIP <b>Addition</b>

14. I 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, with all other like empowered.
---

SIGNATURE: <b>Carolyn Elmore</b>	DATE: <b>4-14-99</b>	DAYTIME PHONE: <b>3881447</b>
----------------------------------	----------------------	-------------------------------

CR2E034 (11/98)