

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079539 (0)**

1. Corporation Name

DAVONNE VENDING, INC.

Principal Place of Business

Mailing Address

1904 E 114 AVE
TAMPA FL 33612

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TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/27/1994

4. FFI Number

65-0528291

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. The Corporation has liability for uncollectible under 5-199.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRANA, MICHAEL J
215 VERNE STREET SUITE A
TAMPA FL 33606

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 607.04(2) and 607.15(8), 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 I accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge of the Corporation)

(Signature of Registered Agent or Agent in Charge of the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD
2. NAME	VALDES, DAVID A
3. STREET ADDRESS	1904 E 114 AVE
4. CITY, STATE, ZIP	TAMPA FL 33612
5. TITLE	VTD
6. NAME	VALDES, YVONNE M
7. STREET ADDRESS	1904 E 114 AVE
8. CITY, STATE, ZIP	TAMPA FL 33612
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(1)(b), Florida Statutes. I further certify that the information is limited only to the annual report or any supplemental annual report as from 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or is an authorized agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Valdes

Yvonne M. Valdes

971-4857