05101999-90133-014-$150.00-$150.00

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90133 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040538

1. Corporation Name
GULF VENDING OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
2030 NE 18TH PLACE #8 OCALA FL 34470 US	290 CHAMPION DR BROOKSVILLE FL 34601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1995

2. Principal Place of Business 21	2a. Mailing Address 28 2260 NE 45TH ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ocala, Fl
Zip / Country 24 / 25	Zip / Country 29 34479 / 30 MARION

4. FEI Number: 59-3333678 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSTON, DARRYL W 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE FL 34601	81 Name: Eric Cavanaugh 82 Street Address (P.O. Box Number is Not Acceptable): 464 SE. 61st Court 83 84 City: Ocala FL 85 Zip Code: 34478

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: Eric Cavanaugh — DATE: June 6, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	WILSON, KIRK E		1.2 NAME	Shows, Oliver C.	
STREET ADDRESS	290 CHAMPION DRIVE		1.3 STREET ADDRESS	2260 NE 45 TH ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP	Ocala, Fl	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Oliver C. Shows — 5-1-99 — 352-266-2912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)