Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90123 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1 Solporation	MENT # P9500(on Name CITY VENDING SERVICE IN				
Deinainal Dinas	of Dunings	Mailing Address			1840 B iril 1 9510 Filin 2040; Bir 1881
Principal Place		<u> </u>			
4605 REECE RU UNIT #10	J	P.O. BOX DDD PLANT CITY FL 33564			
PLANT CITY FL	. 33565	US		DO NOT WRITE IN	THIS SPACE
US				3. Date incorporated or Qualifed	
				07/24/1995	
\Box $(C \land C)$	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21 700	Sydney Kal.	26 Suite, Apt. #, etc.		59-3328176	\$8.75 Additional
Suite, Apt.	#, etc.)	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Required
22 City & State	9 0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Plan	t City PL	28		Trust Fund Contribution	Added to Fees
Zipa	Country	Zip	Country	8. This corporation owes the current year	
24 535	25 Hillsburgu	(), 29 3		Personal Property Tax.	Yes LMo
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
/ ADA	KIN, JIM		81 Name	ARKIN Jim	•
	REECE RD		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
UNIT			13	508 Sydney Rd	-11
	NT CITY FL 33565		83		45 47
, , ,	111 0111 12 00000		84 City 7	lla vila A+	85 Zip Code
			<u> </u>	lant city	FL 3356 [
11 Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida, Such change was aut	tne above named co	propration submits the statement for the purpos	npointment as registered
		o or i lorida. Odori citarigo was aut	HOUSED BY HIS COIPOR	ation's board of directors. The early becope and a	pportationt do regione.ee
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes.	and to board of directors. Thoraby becope the	pportation as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fioric	ia Statutes.	r na sar - =	
agent. I ai	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Fioric	da Statutes. egistered Agent signature requestion 13.	r na sar - =	E
agent. I ai	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Agent signature requ	uired when reinstating) DAT	E
agent. I al SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: R	egistered Agent signature requ	uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTORS IN 12
agent. I all SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: R	egistered Agent signature requests. 13. 1.1 TITLE	uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTORS IN 12
agent. I all SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PD LARKIN, JIM 4605 REECE RD PLANT CITY FL 33565	ations of, Section 607.0505, Floric ent and title if applicable. (NOTE: R ND DIRECTORS DELETE	egistered Agent signature requests. 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER PD LARKIN, Jim	S AND DIRECTORS IN 12 General Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PD LARKIN, JIM 4605 REECE RD	ent and title if applicable. (NOTE: R	13 Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER PD LARKIN, Jim 1508 Sydney RO	E S AND DIRECTORS IN 12
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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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP