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PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072110 (6)

PERSONAL PRODUCTS VENDING, INC.

| Principal Plac | ce of Business | Mailing Address | Mailing Address | | | i idaniadi sin ididi dilit dalit dalit dalit dalit | 18818 11981 (1881 1181) 8811 1881 |
|---|--|--|--------------------------------|----------------------------------|-------------------|--|--|
| 4058 CRAYTO | ON ROAD | 4056 CRAYTON ROAD | | | | • | |
| NAPLES FL 3000 | | NAPLES FL 39407 34103 | | DO NOT WRITE IN TH | US SPACE | | |
| | - • • • | ,4,03 | | | | 3. Date Incorporated or Qualified | IS SI NOL |
| | | | | | | 09/18/1995 | |
| | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | | 65-0606138 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | | |
| City & State | | City & State | | | Fee Required | | |
| 23 | io | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip | Country | Zip | ТСо | untry | | This corporation owes or has paid the | Added to Fees |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. | Yes Ki No |
| | 9. Name and Address of C | urrent Registered Agent | | | | 10. Name and Address of New Registers | |
| CA | MPE, EUGENE C | | | 81 | Name | | |
| | 56 CRAYTON ROAD | | 82 Stre | | Street Add | dress (P.O. Box Number is Not Acceptable) | |
| į NA | PLES FL 33940 | | | \sqcup | | | |
| | 34103 | | | 83 | | | |
| | | | | 84 | City | | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the a | | | | 1.1 | | F | 'L . |
| I DITICE OF F | realisterea zaoueni. Driodotn. In the | State of Florida, Such change was | ลมโทกกวร | ad by | the corner | rporation submits this statement for the purpose ation's board of directors. I hereby accept the a | ⇒or changing its registered ippointment as registered |
| - | am familiar with, and accept inc | obligations of, Section 607.0505, F | lorida Sta | atutes | | 1/2 | . /0> |
| SIGNATURE | Signature, typed apprinted name of registe | ered agonizand title if applicable (NO | TE: Register | ed Ager | nt signature regi | ulred when reinstating) DATE | 01 18 |
| 12. | OFFICER | S AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 T | 1.1 TITLE | | | Change |
| NAME | CAMPE, EUGENE C | | | 1.2 NAME | | | |
| STREET ADDRESS | 4056 CRAYTON ROAD | | 1.3 STREET ADDRESS | | ADDRESS | _ | |
| CITY-ST-ZIP | NAPLES FL 76 | T occurs | 1.4 CITY - 9 (-2/P) | | ·211P | 34103 | |
| TITLE | | | 2.1 7 | | | | L Change L Addition |
| NAME CAREET ADDRESSE | | | 2.2 NAME 2.3 STREET ADDRESS | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 2. 4 CITY - 3.1 TITLE | | 1 - ZIP | | Change Addition |
| NAME | | | 3.2 NAME | | | | E strange E Addition |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 4.1 TITLE | | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 S | TREET A | DORESS | | |
| CITY-ST-ZIP | 4.4 | | 4.4 C | 11Y-ST- | - ZIP | | |
| TITLE | | | 5.1 T | ITLE | | | Change Addition |
| NAME | | | 5.2 N | AME | | | |
| STREET ADDRESS | | | 5.3 S | TREET A | DORESS | | |
| CITY-ST-ZIP | | | _ | ITY-ST | - ZIP | | |
| TITLE | | DELETE | 61 TI | | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 N | AME | ŀ | | |

6.3 STREET ADDRESS

EVOENE C. CAMPE

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 chapter, or on an attachment with an address.