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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

Principal Place of Business

P95000074258 (1)

MOM & POPS VENDING, INC.

6924 BRANDEMERE ROAD SOUTH JACKSONVILLE FL 32211 Mailing Address

6924 BRANDEMERE ROAD SOUTH JACKSONVILLE FL 32211



						 Date Incorporated or Qualified 09/25/1995 	3a. Date	of Last I	Report
2. Prinopal Piace of Business		2a. Mailing Address			4. FEI Number	<u> </u>		Applied For	
21		26				59 33 45 228			Not Applicable
Suite, Apt #	r, el c.	Suite. Apt #, ε	eto.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be
Zψ	Country	Zφ	Co	untry		8. This corporation has liability for	intangible ta		
24	25	29	L			Florida Statutes	. □No		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New I	Registered .	Agent	
				81	Name		·		
* KESSLER, MARK S 211 N. LIBERTY ST.				82 Street Address (P.O. Box Number is Not Acceptable)					
				Street Adultess (n.O. box Murriber is Not Acceptable)					
. SUITE :	2A			83					
JACKSONVILLE FL 32202									
	· 			84	City		Fi	85 Z	ip Code
11. Parsuant to	the provisions of Sections 607.050	02 and 607.1508 Florida	Statutes, the abo	77T	amed corry	oration submits this statement for the pu and of directors. I hereby accept the app	<u>-</u>	l l	coninternal affice
	egressio, typed or painted rien in of supedered age			Agen	t signature reски	ruc whan rohistanig	DATE		
12 .	··· — ·· <u></u> · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			ORS IN 12
TITLE	D UCDDIOTT MOONING E			1 1 TITLE] Change	Addition
NAME	HERRIOTT, VIRGINIA E	N AALITU	1.2 N	AME					
STREET ACORESS	6924 BRANDEMERE ROAL	U SOUTH	1.3 S	TREET	ADDRESS				
Dify-S1-7P	JACKSONVILLE FL 32211			ITY-S	r-ZIP				
11.11	0	DELETI	2 1 1	11LE] Change	☐ Addition
NAME	HERRIOTT, LARRY		22 N	AME					
STHEE! ACCORESS	6924 BRANDEMERE ROAL	D SOUTH	235	TREET	AODRESS				
CON_SI ZE	JACKSONVILLE FL 32211			1Y-\$	- ZIP				
tint [DELETE	3 1 1	ITLE	i	*-) Change	Addition Addition
NAMÍ			3 2 N	AME					
SPREST ADDRESS			33 9	TREET	ADDRESS				
C 1Y - S1 - Zif		<u> </u>		(TY-\$1	- ZIP				
THE		DELETE	4 1 7	ITLE				Change	■ Addition
NAME			. 4.2 N	AME	1				
STHEFT ADDRESS			435	TREET.	ADOPESS				
Cilly - St - 7(2)				TY - \$1	- ZIP				
TITLE		DELETE						Change	☐ Addition
NAME			5 2 N	4ME					
STREET ADDRESS			538	TREFT.	ADORESS				
C(1) - S1 - Z(P)				TY-SI					
THE									
		DELETE	. 6 1 T	ITLE	* * * * <u>*</u>	7000017	439	Cherrye	Addition
NAME		☐ DELETE	6 1 T 6 2 N		1	7000017 -03/15/9601	439: 01602	S September	■ Addition
NAME SPRCET ADDRESS		DELETE	62 N	AME	1	7000017 -03/15/96010 ***200.00	439: 01607	Pomp _{je} 2	☐ Addition

4. Edo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k). Florida Statutes. I further certify that the information incicated 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 cath; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-27-96 743 70