

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000004988

1. Entity Name
G & L VENDING, INC.



Principal Place of Business
**3450 N.E. JACKSONVILLE ROAD
OCALA, FL 34479**

Mailing Address
**3450 N.E. JACKSONVILLE ROAD
OCALA, FL 34479**



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3362080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, LARRY
3450 N.E. JACKSONVILLE ROAD
OCALA, FL 34479**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME GRIFFIN, LARRY
STREET ADDRESS 6050 SW 18TH CT RD
CITY-ST-ZIP Ocala, FL

TITLE VP
NAME GRIFFIN, RAY
STREET ADDRESS 605A0 SW 8TH CT RD
CITY-ST-ZIP Ocala, FL

TITLE VP
NAME GRIFFIN, ROBERT
STREET ADDRESS 6050 SW 18TH CT RD
CITY-ST-ZIP Ocala, FL

TITLE VP
NAME GRIFFIN, RYAN
STREET ADDRESS 6050 SW 18TH CT RD
CITY-ST-ZIP Ocala, FL

TITLE VP
NAME GRIFFIN, RADLEY
STREET ADDRESS 6050 SW 18TH CT RD
CITY-ST-ZIP Ocala, FL

TITLE ST
NAME GRIFFIN, SONYA
STREET ADDRESS 6050 SW 18TH CT RD
CITY-ST-ZIP Ocala, FL

U00000914413
05/08/08-80056-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1808
Date

3527324655
Daytime Phone #