

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000015477

1. Entity Name
TRI CITY VENDING COMPANY, INC.



Principal Place of Business
% ANTHONY J. SALZMAN/MOODY & SALZMAN, PA
P.O. DRAWER 2759
GAINESVILLE, FL 32602

Mailing Address
% ANTHONY J. SALZMAN/MOODY & SALZMAN, PA
P.O. DRAWER 2759
GAINESVILLE, FL 32602



DO NOT WRITE IN THIS SPACE

04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3378118

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALZMAN, ANTHONY J
500 E UNIVERSITY AVE STE A
GAINESVILLE, FL 32602-2759

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000336184
04/27/05-80111-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CANNON, WILLIAM
201 NW 28 TERR
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BULLARD, CHESTER
4829 N.W. 18TH PLACE
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William Cannon William Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 (352) 391-5903
Date Daytime Phone #