

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
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



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CANNON, WILLIAM
STREET ADDRESS 3443 NW 62 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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05/11/07-80032-017 150.00

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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:

William Cannon

4/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM CANNON