

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015477

FILED
Jan 21, 2009
Secretary of State

Entity Name: TRI CITY VENDING COMPANY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3709 SW 42ND AVE
SUITE #12
GAINESVILLE, FL 32608

Current Mailing Address:

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

New Mailing Address:

3709 SW 42ND AVE
SUITE #12
GAINESVILLE, FL 32608

FEI Number: 59-3378118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J
500 E UNIVERSITY AVE STE A
GAINESVILLE, FL 326022759 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BULLARD, CHESTER
Address: 4829 N.W. 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: MADLEM, JON
Address: 221275 441 LOT 5
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BULLARD, CHESTER L SR
Address: 4829 N.W. 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VP (X) Change () Addition
Name: MADLEM, JON
Address: 22127 SOUTH US 441 LOT 9
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER L BULLARD SR.

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date