FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032184 (9)

PARADISE VENDING OF NORTH FLORIDA, INC.

Principal Place of Business Mailing Address

FILED Apr 07 1998 8:00am Secretary of State



7457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244		7457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244		DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualified	, OI 710E	
					04/11/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Nurnber	TA.	pplied For
21		26			59-3374679	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	City & State	City & State		6. Election Campaign Financing	\$5.00) May Be
23		28	4 · · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		l to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the current year Intangible		
24 25 29 30 9. Name and Address of Current Registered Agent			30				
		ent Hegistered Agent	81	I N	10. Name and Address of New Registered	J Agent	
	JTTON, JOHN L		•1	Name			İ
7457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244				Street Ad	et Address (P.O. Box Number is Not Acceptable)		
VA.	ONOOHVILLE I L 02244		83				
			64	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abov	e-named co	progration submits this statement for the purpose	of changing i	its registered
office or r	egistered agent, or both, in the Sta im familiar with, and account the obj	ite of Florida. Such change was at igations of Section 607 0505. Flor	ithorized b	y the corpor	ration's board of directors. I hereby accept the ap	pointment as	s registered
	The contract of the contract o	gament of, backers out losses, the	iou Diaioio	.			
SIGNATURE	Signature, typed or printed name of registered	igeol and title if applicable (NOTE	Registered Ag	ent signature roq	quired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	SUTTON, JOHN L		1.2 NAME				
STREET ADDRESS	7457 DUCLAY FOREST OF	IVE E	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 CITY-	ST - ZIP			
TITLE			2.1 TOTLE			☐ Change	☐ Addition
NAME	SUTTON, JEFF L		2.2 NAME				
STREET ADDRESS	7457 DUCLAY FOREST DE	IVE E	2.3 STREE	I ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244		2. 4 CITY-	ST-ZIP			[
TITLE	0	☐ DELF1E	3.1 TITLE	ļ		Change	Addition
NAME	SUTTON, C. SCOTT		3.2 NAME				1
STREET ADDRESS	7457 DUCLAY FOREST DE	IAE E		ADDRESS			ł
CFTY-ST-ZIP	JACKSONVILLE FL 32244	T receive	3.4. CITY-	ST-ZIP		T7 61	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				ADDRESS			1
CITY-ST-ZIP		I Driver	4.4 CITY -	ST-ZIP		- Obassis	FT 1.440
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADORESS			1	ADORESS			
CITY-ST-ZIP		DELETE	5.4 CITY - 5	ST-ZIP		Charte	Addition
TITLE		☐ Dette it	61 TITLE	1		☐ Change	Addition
NAME			6.2 NAME				l
STREET ADDRESS			63 STREET				l
City-St-ZiP			64 CITY-	ST-21P			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated 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 oath; that I am an officer or director of the corporation of the roceiver or trustee of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in order attachment with an oddress,