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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000084161

ROADY O'S VENDING INC.

Principal Place of Business	
RT 1 BOX 1200 JENNINGS F	L
JENNINGS FL 32053	

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90009 020 ***150.00

Principal Place	e of Business	Mailing Address		4	10011	IBS IEM TMELD WELL WOLLD DMELL WASH	AAIAI SBISI AIAAI SID	ia Bildt ligt cear
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			AVA		01/01/19	97		
	lace of Business	2a. Mailing Address		مان م	4. FEI Number	_	⊢	opplied For
21 366B		. 26 3668 N.W.	23AD	BLVI	59-3405	<u>513</u>	~ 	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desired	•	Additional Required
22		27			<u> </u>			
City & Stat		City & State	a (1)	1.		empaign Financing Contribution		May Be I to Fees
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24 3 405	9. Name and Address of Current		30	T."		Address of New Regist	ered Agent	
	5. Name and Address of Current	registeres Agent		81 Name				
OBR	EMSKI, FRANK P			22 2				
RT. I	BOX 1200			82 Street	Address (P.O. Box Nu	mber is Not Acceptable)		
JENI	NINGS FL 32053			83			···	
				<u> </u>			1-1-	
				84 City			FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Sta	tutes, the a	bove-named	corporation submits th	is statement for the purpo	se of changing it	s registered
office or n	egistered agent, or both, in the State o	of Flo⊓da. Such change wa	s autnorize	a by the corp	oration's board of direc	tors. I hereby accept the	appointment as r	egistered
· agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0303,	rionga Stat	utes.				
SIGNATURE	Signature, typed or printed name of registered agent	(A)	OTE: Basistaras	d Agent signature :	equired when reinstating)	DA	TE	
			JIC. REGISIEUR					
12.	OFFICERS AND		13.			CHANGES TO OFFICER		
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14. 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 angual 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 excitor of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an appear with an address, with all other like empowered.

SIGNATURE:

SYNATURE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone #