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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90036 031 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000091185

1. Corporation Name

LUCULANDED VENDING INC

Principal Place of Business Mailing Address 9640 59TH AVENUE N. 9640 59TH AVENUE N. ST. PETERSBURG FL 33708-3572 ST. PETERSBURG FL 33708-3572					72			DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed			-	
								11/06/1996				
Principal Place of Business 2a. Mailing Address								FEI Number		Ap	plied For	
21		26	26				59-3438371			t Applicable		
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 A Fee Re			
22		27				ļ						
City & State	e .	—	City & State				6.	Election Campaign Financing		\$5.00	•	
23			28				-	Trust Fund Contribution		Added to	o Fees	
1: Zip	Country	Zip	r	Country			8.	This corporation owes the current ye			□No	
24							Personal Property Tax.				□ NO	
	9. Name and Address of Co	urrent Registered	Agent	81	4 4	Name	10.	, Name and Address of New Regist	erea Ag	ent		
SUTHERLAND. RANDALL M				0	' '	vanie	•					
9640 59TH AVENUE N.					2 3	Street Addre	et Address (P.O. Box Number is Not Acceptable)					
••••					the state of the ending control on the control of the state of the sta					4763 g # 200 5 10 700		
51.1	PETERSBURG FL 33708-357	2		83	3							
				84	4 (City		F. P. C.	FL	85 Zip C	Code	
d4 Pursuant	to the provinings of Sections 601	7 0502 and 607 150	8 Florida Statutes	the ahou	ve-n	amed como	ratio	n submits this statement for the purpo	se of ch	anging its	registered	
i office or n	egistered agent, or both, in the S	State of Florida, Suc	ch change was auth	orized by	v the	e corporation	n's bo	oard of directors. I hereby accept the	appointn	nent as rec	gistered	
agent. I a	m familiar with, and accept the o	bligations of, Section	on 607.0505, Florida	a Statute:	S.							
SIGNATURE								reinstating) DA	TC		<u>.</u>	
<u> </u>	Signature, typed or printed name of registere				ent siç	gnature required		reinstating) DA ADDITIONS/CHANGES TO OFFICER		DIRECTO	DC IN 12	
12.				13.	1.1 TITLE					Change	Addition	
TITLE NAME	CHECKED AND DANIDALL AS				1.2 NAME			A STATE OF THE STA		_ Onunge		
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CITY-ST-ZIP					1.4 CITY-ST-ZIP 2.1 TITLE				г	Change	Addition	
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NAME				2.2 NAME								
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TITLE	150		_ DELETE					•				
NAME	· _ **			3.2 NAME								
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CITY-ST-ZIP 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 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 or the receiver or 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 on an attachment with an address, with all other like empowered

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

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Change

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