

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90267 003 \*\*\*158.75

DOCUMENT # P96000091806

1. Corporation Name  
QUALITY FOOD & VENDING MANAGEMENT INC.

Principal Place of Business  
13839 TERN LANE  
CLEARWATER FL 34622

Mailing Address  
13839 TERN LANE  
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/04/1996

4. FEI Number  
59-3417270

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLESAS, ANN P  
13839 TERN LN  
CLEARWATER FL 33762

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CLESAS, JAMES G JR.  
STREET ADDRESS 13560 FEATHER SOUND CR WEST APT 1809  
CITY-ST-ZIP LARGO FL 33762

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME CLESAS, JAMES G JR  
1.3 STREET ADDRESS 13560 FEATHER SOUND CR WEST APT 1809  
1.4 CITY-ST-ZIP CLEARWATER FL 33762

TITLE VT  
NAME CLESAS, ANN P  
STREET ADDRESS 13839 TERN LANE  
CITY-ST-ZIP CLEARWATER FL 33762

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME CLESAS, ANN P  
2.3 STREET ADDRESS 13839 TERN LN  
2.4 CITY-ST-ZIP CLEARWATER, FL 33762

TITLE MCD  
NAME CLESAS, JAMES G SR  
STREET ADDRESS 13839 TERN LANE  
CITY-ST-ZIP CLEARWATER FL 33762

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VS  
NAME CLESAS, KIMBERLI A  
STREET ADDRESS 3104 PRIMROSE DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME CLESAS, KIMBERLI A  
4.3 STREET ADDRESS 3104 PRIMROSE DR  
4.4 CITY-ST-ZIP HOLIDAY FL 34691

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

Ann P. CLESAS 4/24/99 727-570-8572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jaytime Phone #

CR2E034 (11/98)

0416403