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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000014942 (1)

VENDABLES, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 133 TARRYTOWN TRAIL **133 TARRYTOWN TRAIL** LONGWOOD FL 82750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip $Z_{(i)}$ Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, BARBARA F 133 TARRYTOWN TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, 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 punted mane of registered agost and late if applicable (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THUE CLARK, BARBARA F 1.2 NAME NAME **133 TARRYTOWN TRAIL** STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE Clark. Peter W NAME 2.2 NAME **133 TARRYTOWN TRAIL** STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE ____ Addition TITLE 100002527161 -05/18/98--01053--048 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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.

11/21/100 010