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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P97000029545**

1. Corporation Name

MORMIL VENDING, INC.

Principal Place of Business 8876 BURNING TREE ROAD

Mailing Address

8876 BURNING TREE ROAD

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90018 033 ***150.00



PENSAÇOLA FL 32514		PENSACOLA FL 32514			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 04/01/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
1		26			59-3439873	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			i 5 Cortifonto of Statue Decired I i	5 Additional Required		
City & Stat	te	City & State			6. Election Campaign Financing 55.	00 May Be		
3		28				led to Fees		
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible			
4	25		30		Personal Property Tax. Yes	□No		
<u></u>	9. Name and Address of Curren		1		10. Name and Address of New Registered Agent			
			1	31 Nam	ne			
MILLER, MARY M								
8876 BURNING TREE ROAD PENSACOLA FL 32514			1	Street Address (P.O. Box Number is Not Acceptable)				
				83				
				33				
				84 City	85	Zip Code		
					ed corporation submits this statement for the purpose of changing			
office or r agent, I a	registered agent, or both, in the State of the modern familiar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized i	by the co	orporation's board of directors. I hereby accept the appointment a	s registered		
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable. (NOTE:	Registered A	gent signatu	ure required when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITL	E	☐ Chai	nge 🗌 Addition		
NAME	MOORE, ELOISE		1.2 NAM	ΙE				
STREET ADDRESS	7490 BARONNE PLACE		1.3 STR	EET ADDRE	ess			
CITY-ST-ZIP	PENSACOLA FL 32526		14 CIT	-ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITE		Cha	nge Addition		
NAME	MOORE, LOUIS T		2.2 NAW					
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CITY-ST-ZIP	PENSACOLA FL 32526 STD MILLER, MARY M	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP E IE		nge		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR