

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90150 020 ***150.00

DOCUMENT # P97000047699

1. Corporation Name

WORLD CLASS VENDING, INC.

Principal Place of Business

263 MAPLE AVENUE
PALM HARBOR FL 34684

Mailing Address

P.O. BOX 6136
PALM HARBOR FL 34684
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

59-3447336

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

21 632 DEER RUN N

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palm Harbor FL

28 City & State

24 34684 25 U.S.A.

29 City & State

26 34684 27 U.S.A.

30 City & State

9. Name and Address of Current Registered Agent

GARBER, JOAN
263 MAPLE AVENUE
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name Joan Garber

82 Street Address (P.O. Box Number is Not Acceptable)
632 DEER RUN N.

83 City

84 Palm Harbor

FL

85 Zip Code

34684

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

Joan Garber
(NOTE: Registered Agent signature required when reinstating)

2-1-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D GARBER, JOAN
STREET ADDRESS 263 MAPLE AVENUE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE
NAME DENISE GACANTO
STREET ADDRESS 632 DEER RUN N
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Joan Garber
1.3 STREET ADDRESS 632 DEER RUN N.
1.4 CITY-ST-ZIP Palm Harbor FL 34684

2.1 TITLE DENISE GACANTO
2.2 NAME 632 DEER RUN N
2.3 STREET ADDRESS PALM HARBOR FL
2.4 CITY-ST-ZIP 34684

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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: *Joan Garber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 127-
Date Daytime Phone #

CR2E034 (11/98)