

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1998
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103910

1. Corporation Name

ALVIN PRESS VENDING, INC.

Principal Place of Business

216 GROUND DOVE CIRCLE
LEHIGH FL 33963

Mailing Address

216 GROUND DOVE CIRCLE
LEHIGH FL 33963

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2317 Caladium Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2317 Caladium Road

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip
33905

Country
USA

City & State

Fort Myers, Florida

Zip
33905

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1997

5. FEI Number

65-0800701

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PSTV | PRESS, ALVIN | 216 GROUND DOVE CIRCLE | LEHIGH FL 33963 |
| D | PRESS, ALVIN | 216 GROUND DOVE CIRCLE | LEHIGH FL 33963 |
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-11/30/98--01016--022
***150.00 ***150.00

8. Name and Address of Current Registered Agent

DEROUEN, SHELLY A
1953 COLONIAL BLVD.
FT. MYERS FL 33907

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

11/20/98 941-290-1067