


DOCUMENT # P98000015505

1. Entity Name  
**FAST BREAK VENDING, INC.**

Principal Place of Business      Mailing Address  
6593 POWERS AVE      6593 POWERS AVE  
#16      #16  
JACKSONVILLE FL 32217      JACKSONVILLE FL 32217

2. Principal Place of Business      3. Mailing Address  
1650 Art Museum Dr.      1650 Art Museum Dr.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Jacksonville, FL      Jacksonville, FL  
Zip      Zip  
32207      32207  
Country      Country

6. Name and Address of Current Registered Agent  
**HAMILTON, WILLIAM A III**  
**1210 KINGSLEY AVE, SUITE 2**  
**ORANGE PARK FL 32073**

**FILED**  
**00 DEC 14 PM 12:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**  
  
**REINSTATEMENT**  
4. FEI Number **59-3495103**  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4729 Highway 17, Suite 203**  
City **Orange Park** **FL** Zip Code **32003**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE **WILLIAM A. HAMILTON, III** *William A Hamilton* **12-15-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**  
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FARAH, FREDDY JR</b>		NAME	<b>200003515522--3</b>	
STREET ADDRESS	<b>4402 PEPPERMILL PLACE</b>		STREET ADDRESS	<b>-12/28/00--01039--003</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>		CITY-ST-ZIP	<b>****750.00 ****750.00</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FARAH, MICHAEL</b>		NAME		
STREET ADDRESS	<b>10217 VINEYARD LK. RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Michelle Jones* **10/30/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)

**KE**