Division of Corporations - P.O. BOX 6327 - Tallahassee,

**FILED**
**Jun 05, 2000 8:00 am**
**Secretary of State**
01-25-2000 90134 042 ***158.75

DOCUMENT # P99000001498

1. Entity Name
CHEMICAL VENDING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 484 SE 61ST COURT<br>OCALA FL 34472 | 484 SE 61ST COURT<br>OCALA FL 34472-3338 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number — Applied For [X] / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVANAUGH, JIMMY E
484 SE 61ST COURT
OCALA FL 34472

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| Title<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE<br>President<br>William Lee Willis<br>6400 N.E. 22nd Ct.<br>Ocala, FL 34479 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TLE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E004 (1/99)

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.

624-9135
SIGNATURE: William Lee Willis 3/31/00 (352) 236-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE NOTE NEW PHONE #