2000 UNIFORM BUSINESS REPORK (UBR)

FILED DOCUMENT # P99000076470 May 15, 2000 8:00 am Secretary of State 1. Entity Name C & C VENDING, INC. 02-20-2000 90040 011 ***150.00 Mailing Address Principal Place of Business 4355 SILVERWOOD LANE 4355 SILVERWOOD LANE **UACKSONVILLE FL 32207** JACKSONVILLE FL 32207-6238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59 3593175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent --- 7. Name and Address of New Registered Agent **ACUFF, CHRIS** Street Address (P.O. Box Number is Not Acceptable) 4355 SILVERWOOD LANE JACKSONVILLE FL 32207 Civ Zip Code submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE agen profitte if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1 OFFICERS AND DIRECTORS 11. President ΠTLE Change Addition TITLE ☐ Delete Chris Acuff 4355 Silverwood LN NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, Florida 32207 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE ☐ Delete TITLE Chris Devenny NAME NAME 3rd St Box 326 5 STREET ADDRESS SYRFET ADORESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville. Florida 32250 ſ ☐ Change Addition TITLE ☐ Delete TITL E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE ☐ Delete TITLE ☐ Change 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 suppliemental report is true and accurage 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 of frustee emptwered to greatly 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: À

SIMMATURE AND TYPED ON PRINTED HAME OF JOHNING OFFICER OR DIRECTOR

x 2-15-00

904-607-7501

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