Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90039 046 ***150.00

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

DOCUMENT # **\$24433**

1. Corporation Name

MARC I VENDING, INC.

Principal Place	of Business	Mailing Address	Mailing Address				10.1. 0.000 11.00 11.1. 0.01.	1911 97971 919-1 97		
5489 ASHLEY PARKWAY 5489 ASHLEY PARKWAY										
SARASOTA FL	34241	SARASOTA FL 34241 US				DO	DO NOT WRITE IN THIS SPACE			
03		00				3. Date Incorporated or	Qualifed		$\overline{}$	
						01/11/1991				
2. Principal Pf	ace of Business	2a. Mailing Add	ress			4. FEI Number	···	App	lied For	
21		26				65-0236068		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional	
22		27				5. Certifcate of Status D	esired .	Fee Req	quired	
City & State	9	City & State				6. Election Campaign F	inancing	\$5.00	May Be	
23		28			Trust Fund Contribut	on 🖳	Added to	Fees		
Zip	Country	Zip		Country		8. This corporation owe	s the current year int	angible ,	<u>.</u>	
24	25 29 30					Personal Property Tax. Yes No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address	of New Registered	Agent		
DICD	OON OALVENIK			81	Name				}	
PIERSON, CALVIN K.				82	Street	Address (P.O. Box Number is No	ot Acceptable)			
5489 ASHLEY PARKWAY					<u> </u>					
SARASOTA FL 34241				83	l				}	
				84	City			85 Zip C	ode	
							FL	. '		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chai	nge was autho	rized by	the corp	corporation submits this stateme oration's board of directors. I her	nt for the purpose of aby accept the appoi	changing its r ntment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Regi	stered Ager	it signature i	required when reinstating)	DATE			
12.	OFFICERS AI	ND DIRECTORS		13.		ADDITIONS/CHANGE	S TO OFFICERS AN			
TITLE	P		DELETE	1.1 TITLE	_			☐ Change	Addition	
NAME	PIERSON, CALVIN K.			1.2 NAME						
STREET ADDRESS	4509 SPRING FLOWER CT. 1.3			1.3 STREET	TADDRESS			•		
CITY-ST-ZIP	SARASOTA FL			14 CITY-S	T-ZIP					
TITLE			DELETE	2.1 TITLE				☐ Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS			1	2.3 STREET	ADDRESS	1				
CITY-ST-ZIP	_			2. 4 CITY-S	T-ZIP					
TITLE			DELETE	3.1 TITLE				. ☐ Change	Addition	
NAME			1	3.2 NAME					}	
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY-S	T-ZIP					
TITLE			DELETE	4.1 TITLE				☐ Change	Addition	
NAME			1	4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS				Ì	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			· · · · · · · · · · · · · · · · · · ·		
T(T) F			DELETE	5.1 TITLE		1		☐ Change	☐ Addition	

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.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

☐ Change