**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **S87489** 1. Corporation Name

VENDING SERVICE SPECIALISTS INC.

Principal Flace of Business	 
1648 SW BILTMORE ST PORT ST LUCIE FL 34985	
US	

Country

25

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

PO BOX 1894 PALM CITY FL 34991

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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## **FILED** Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90049 021 \*\*\*158.75



DO NOT WRIT	E IN THIS	S SPACE	
3. Date incorporated or Qualifed			
10/14/1991			
4. FEI Number			Applied For
65-0294438			Not Applicable
5. Certificate of Status Desired	Ø	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation owes the curre	ent year In	tangible	

Personal Property Tax.

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DODD, ROBERT A., JR Street Address (P.O. Box Number is Not Acceptable) 82 1008 SW 36TH TERRANCE PALM CITY FL 34990 83

FL 11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

Country

30

SIGNATURE Signature, typed or printed nume of registered agen; and title if applicable (NO E: Registered Agent signature recuired when reinstating DATE											
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGE			-				
TITLE	ST	☐ DELETE	1.1 TITLE			Change	Addition				
NAME	DODD, ROBERT A JR		1.2 NAME				į				
STREET ADDRESS	1008 SW 36TH TERRACE		13 STREET ADDRESS				ļ				
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP								
TITLE	Р	☐ DELETE	2.1 TITLE			Change	☐ Addition				
NAME	DODD, DONNA A		2.2 NAME								
STREET ADDRESS	1008 SW 36TH TERRACE		2.3 STREET ADDRESS				]				
CITY-ST-ZIP	PALM CITY FL		2. 4 CITY-ST-ZIP								
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition				
NAME			3.2 NAME								
STREET ADDRI SS			3.3 STREET ADDRESS				)				
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition				
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS				Ì				
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition				
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS				}				
CITY-ST-ZIP			5.4 CITY- ST- ZIP								
TITLE		☐ DELETE	61 TITLE			Change	☐ Addition				
NAME			6.2 NAME								
STREET ADDRESS		,	6.3 STREET ADDRESS				1				
CITY-ST-ZIP		7	64 CITY-ST-ZIP								

14. I heret y certify that the informa ion supplied with this filling 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 supplier ental 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 changes, or opposit attachment with an address, with full other like empowered.

SIGNATURE:

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85

Zip Code