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 # V21249

1. Corporation Name

BLOOMINGDALE VENDING, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90041 034 ***150.00



						(
Principal Place of Business Mailing Address							
3903 PADDLEWHEEL COURT 3903 PADDLEWHEEL COURT							
BRANDON FL 33511 BRANDON FL 33511					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
}					03/13/1992		
					4, FEI Number	Applied For	
2. Principal Place of Business 2a. Mailing Address					I		
21 26					59-3113186	Not Applicable	
Suite, Apt. #, etcSuite, Apt. #, etc					P Contracts of Statute Decired	.75 Additional	
22 27			_				
		City & State	y & State		- I	5.00 May Be	
		28	The state of the s		112011210	Added to Fees	
Zip	<u> </u>		Countr	У	This corporation owes the current year Intangible Personal Property Tax	ا ۱۰۰۰ ع	
24	25		30		- Cracital Freparty Fast		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	<u> </u>	
. VAD	DODOLIOU DATRICIA I		8	I Name		{	
YARBOROUGH, PATRICIA L.				Street Ac	dress (P.O. Box Number is Not Acceptable)		
3903 PADDLEWHEEL CT							
BRANDON FL 33511			8:	3		}	
İ			84	City	85	Zip Code	
			- 1	1 1	, ₽Li	'	
11. Pursuant to the provisions of Sections 607.0502 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							
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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIF		
TITLE	P	☐ DELETE	1.1 TITLE			Change	
NAME	YARBOROUGH, PATRICIA L		1.2 NAME		•		
STREET ADDRESS	AAAA BABBI EURIFEL OOUDT			ET AODRESS			
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			change	
NAME			2.2 NAME			}	
				ET ADDRESS		į.	
STREET ADDRESS			2.4 CITY				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-211		Change Addition	
TITLE		_ 5222.2	3.2 NAME		_	-	
NAME							
STREET ADDRESS			E	ET ADDRESS			
CITY-ST-ZIP		[7] DELETE	3.4. CITY			Change Addition	
TITLE		☐ DETE IF	4.1 TITLE	1		mange Litation	
NAME			4. 2 NAMI			1	
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		<u></u>	4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	l l		Change	
NAME :			5.2 NAME		•		
STREET ADDRESS	•		5.3 STRE	ET ADDRESS		İ	
CITY-ST-ZIP			5.4 CITY-			,	
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAME	:		1	
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		<u>. </u>	
1			-				

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.

SIGNATURE: 2