

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007913

Entity Name: COTT VENDING INC.

Current Principal Place of Business:

5519 W. IDLEWILD AVENUE
TAMPA, FL 33634

Current Mailing Address:

5519 W. IDLEWILD AVENUE
TAMPA, FL 33634

FEI Number: 80-0003395

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CEO, PRESIDENT, DIRECTOR
Name FOWDEN, JERRY
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title VP
Name CREAMER, MICHAEL
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title CFO, DIRECTOR, VP
Name WELLS, JAY
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title SECRETARY, VP
Name POE, MARNI MORGAN
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title VP
Name AUSHER, JASON
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name LEITER, GREGORY
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title TREASURER
Name PERKEY, SHANE
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAY WELLS

VICE PRESIDENT

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date