

**2014 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 PRES, CEO, DIRECTOR  
Name FOWDEN, JERRY  
Address 5519 W. IDLEWILD AVENUE  
City-State-Zip: TAMPA FL 33634

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

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

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

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

Title VP  
Name LEITER, GREGORY  
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: JERRY FOWDEN

PRESIDENT

04/24/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date