## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1998 8:00am

Secretary of State

4/27/56 (2 rg) 6867500

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000086176 (3)

NILA FOODS, INCORPORATED

Mailing Address Principal Place of Business 4080 DELTONA BLVD. 4060 DELTONA BLVD. UNIT #9 UNIT #9 DO NOT WRITE IN THIS SPACE SPRING HILL FL 34606 SPRING HILL FL 34606 3. Date Incorporated or Qualified 12/13/1993 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-3215148 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PATEL, PANKAJ 4060 DELTONA BLVD. Street Address (P.O. Box Number is Not Acceptable) UNIT #9 83 SPRING HILL FL 34606 City Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ☐ Change Addition DELETE DPST TITLE 1.1 TITLE NAME PATEL, PANKAJ 1.2 NAME 4469 LAKE IN THE WOODS DR. STREET ADDRESS 1.3 STREET ADDRESS **SPRING HILL FL** 1.4 CiTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME PATEL, NILA 2.2 NAME 4469 LAKE IN THE WOODS DR. 2.3 STREET ADDRESS STREET ADDRESS **SPRING HILL FL** 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ☐ Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 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.