

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
85 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **530459** (7)
1. Corporation Name
POONAI AND POONAI, PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
300 LONG AVENUE 300 LONG AVENUE
PORT ST. JOE FL 32456 PORT ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified **03/30/1977** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-1751415** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 100.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POONAI, P.V.
300 LONG AVENUE
PORT ST. JOE FL 32456

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	POONAI, PARMANAND V	1.2 NAME	
STREET ADDRESS	300 LONG AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST JOE, FL 00000	1.4 CITY, ST, ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	POONAI, PARMANAND	2.2 NAME	
STREET ADDRESS	300 LONG AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST JOE, FL 00000	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	POONAI, ANILA P V	3.2 NAME	
STREET ADDRESS	300 LONG AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST JOE, FL 00000	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: **A. Poonai, A. Poonai**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-95
(Date)

229-8288
(Telephone Number)