

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F58516 (8)

1. Corporation Name

SUSHILA, INC.



Principal Place of Business

COMMERCE BLVD US90 4 175
PO BOX 2156
LAKE CITY FL 32056

Mailing Address

COMMERCE BLVD US90 4 175
PO BOX 2156
LAKE CITY FL 32056

3. Date Incorporated or Qualified
12/10/1981

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

CROUCH (T. ALLEN)
113 NORTHEAST 16TH AVENUE
GAINESVILLE FL 32601

4. FEI Number
59-2143833

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.1502, 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 of officer, director, shareholder, or partner of the corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	☐ DELETE
NAME	PATEL, NALIN R	
STREET ADDRESS	RT 13, BOX 1135	
CITY-STATE-ZIP	LAKE CITY, FL 00000	
TITLE	P	☐ DELETE
NAME	PATEL, SURYAKANT R	
STREET ADDRESS	ROUTE 13 BOX 1224	
CITY-STATE-ZIP	LAKE CITY, FL 00000	
TITLE	ST	☐ DELETE
NAME	PATEL, INDU P	
STREET ADDRESS	15311 KWANZAN CT	
CITY-STATE-ZIP	GAINESVILLE, FL 00000	
TITLE	V	☐ DELETE
NAME	PATEL, ANIL D	
STREET ADDRESS	3455 SE 58TH AVE	
CITY-STATE-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

904 755 203

CR2E034 (12/95)