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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F77676 (7)  
1. Corporation Name  
KEVAL CORPORATION



Principal Place of Business  
C/O ISHWAR LALLU PATEL  
460 LANE AVENUE SOUTH  
JACKSONVILLE FL 32254

Mailing Address  
C/O ISHWAR LALLU PATEL  
460 LANE AVENUE SOUTH  
JACKSONVILLE FL 32254-3530

3. Date Incorporated or Qualified 04/26/1982  
3a. Date of Last Report 03/14/1996

2. Principal Place of Business  
21 460 S. Lane Ave  
Suite, Apt. #, etc.

2a. Mailing Address  
26 460 S. Lane Ave  
Suite, Apt. #, etc.

4. FEI Number 59-2181368  
Applied For  
Not Applicable

22 City & State  
23 Jacksonville FL

27 City & State  
28 Jacksonville FL 32254

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32254  
25 Country

29 Zip 32254  
30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, ISHWAR L  
460 LANE AVENUE SOUTH  
JACKSONVILLE FL 32205

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 607.0506, Florida Statutes.

SIGNATURE

*[Signature]*

*[Signature]*  
1-20-97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

TITLE PD  
NAME PATEL, ISHWAR L  
STREET ADDRESS 460 LANE AVENUE SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32254

TITLE STD  
NAME PATEL, SHAKUNTALA I  
STREET ADDRESS 460 LANE AVENUE SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32254

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-97 904 786 7550

CR2E034 (9/96)