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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800006152

1. Corporation Name

SUDHAKAR COMPANY, INC.

ĺ	Pri	ncip	oal Pla	ice of	Business
ı	~~=		BRASEI	0.4	

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90128 040 \*\*\*158.75



Principal Plac	e of Business	Mailing Address						
807 W. MAIN S		807 W. MAIN ST.						
LEESPORT PA	19533	LEESPORT PA 19533				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
<b>)</b>						11/05/1998		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21 1450	N. Fitzgerald Av	De 26				23-2826197 Not Applicat		
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22						5. Certificate of Status Desired Fee Required		
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28		4		Trust Fund Contribution Added to Fees		
Zip	Country	Zip		intry		8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	29	30	т	<del></del>	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curi	rent Registerea Agent		81	Name	10, 14pille alla Addiesa di Now Augisteras Agent		
JANS	SSEN, FRANK							
	BEACH DRIVE			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
DES	TIN FL 32541			83				
				Ц				
				84	City	FL 85 Zip Code		
SIGNATURE	am familiar with, and accept the obli					nd when reinstating) DATE		
12.		AND DIRECTORS	13.	- Tagour	- Signaturo roquiro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPST	☐ DELETE	1.1 Π	TLE		☐ Change ☐ Addi		
NAME	SUDHAKAR, ASH		1.2 N	AME				
STREET ADDRESS	807 W. MAIN STREET		1.3 ST	TREET	ADDRESS			
CITY-ST-ZIP	LEESPORT PA 19533		1.4 CI	TY-ST	-ZIP			
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NAME			. 6.2 N	AME	1			

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS