

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90168 008 \*\*\*150.00

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DOCUMENT # G36392

1. Corporation Name  
SAPNA ENTERPRISES, INC.

Principal Place of Business  
1501 LLOYDS COVE RD  
TALLAHASSEE FL 32312

Mailing Address  
1501 LLOYDS COVE RD  
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1983

4. FEI Number  
59-2603590

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4432 W. HIGHWAY 98

Suite, Apt. #, etc.

22

City & State

23 PANAMA CITY, FL

Zip Country

24 32401 25 BAY

2a. Mailing Address

26 958 JENKS AVENUE

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY, FL

Zip Country

29 32401 30 BAY

9. Name and Address of Current Registered Agent

ISENHOUR, JERRY L.  
1501 LLOYDS COVE RD  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name  
SEGERS, SOWELL & STEWART, PA

82 Street Address (P.O. Box Number is Not Acceptable)  
958 JENKS AVENUE

83

84 City  
PANAMA CITY FL 85 Zip Code  
32401

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 date if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
RAO, PALEP N.  
STREET ADDRESS  
3027 KINGS HARBOR RD.  
CITY-ST-ZIP  
PANAMA CITY FL

TITLE ST ☐ DELETE

NAME  
RAO, USHA  
STREET ADDRESS  
3027 KINGS HARBOR RD.  
CITY-ST-ZIP  
PANAMA CITY FL

TITLE M ☒ DELETE

NAME  
ISENHOUR, JERRY  
STREET ADDRESS  
1501 LLOYDS COVE RD  
CITY-ST-ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)