

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H41569**

(5)

1. Corporation Name

N.H. JOSHI & ASSOCIATES, INC.



Principal Place of Business

**6317 ARLINGTON ROAD
JACKSONVILLE FL 32211**

Mailing Address

**6317 ARLINGTON ROAD
JACKSONVILLE FL 32211**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**BALL, HAYWOOD M.
2925 BARNETT CENTER
50 NO LAURA STREET
JACKSONVILLE FL 32202**

3. Date Incorporated or Certified

02/07/1985

3a. Date of Last Report

07/05/1995

4. FET Number

59-2345022

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
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.01(2) and 607.1608, 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

12. OFFICERS AND DIRECTORS

12.1	TITLE	PD	[] DELETE
12.2	NAME	JOSHI, NALIAN HARILAL	
12.3	STREET ADDRESS	6317 ARLINGTON RD.	
12.4	CITY-STATE-ZIP	JACKSONVILLE FL	
12.5	TITLE		[] DELETE
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY-STATE-ZIP		
12.9	TITLE		[] DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		[] DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		[] DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		
12.21	TITLE		[] DELETE
12.22	NAME		
12.23	STREET ADDRESS		
12.24	CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	[] Change [] Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	[] Change [] Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	[] Change [] Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	[] Change [] Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	[] Change [] Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 recorder 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 of this filing, or on a supplemental filing with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 (904) 743-1481

CR2E034 (12/95)