

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 26, 1999 8:00 am
Secretary of State

03-26-1999 90022 021 ***150.00

DOCUMENT # P93000000965

1. Corporation Name
SHRI JALARAMBAPA, INC.

Principal Place of Business
900 HARRISON AVENUE
PANAMA CITY FL 32401
US

Mailing Address
900 HARRISON AVENUE
PANAMA CITY FL 32401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1992

4. FEI Number
59-3157469

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

2. Principal Place of Business

21 900, HARRISON AVE.

Suite, Apt. #, etc.

22

City & State

23 PANAMACITY, FL

Zip

24 32401

Country

25 U.S.A.

2a. Mailing Address

26 900, HARRISON AVE.

Suite, Apt. #, etc.

27

City & State

28 PANAMACITY, FL

Zip

29 32401

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PATEL, CHHAGANIAL G
5003 W. HWY. 98
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

PATEL, SATISHKUMAR M.

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

83 900, HARRISON AVE.

84 City

PANAMACITY

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 [PATEL SATISHKUMAR M.] PRESIDENT

3/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE

NAME PATEL, SATISHKUMAR M

STREET ADDRESS 900 HARRISON AVE

CITY-ST-ZIP PANAMA CITY FL

TITLE D ☒ DELETE

NAME PATEL, NIRU

STREET ADDRESS 5003 W. HWY 98

CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME PATEL SATISHKUMAR M.

1.3 STREET ADDRESS 900, HARRISON AVE.

1.4 CITY-ST-ZIP PANAMACITY, FL-32401.

2.1 TITLE SECRETARY, TREASURER ☐ Change ☒ Addition

2.2 NAME PATEL GITA S.

2.3 STREET ADDRESS 900, HARRISON AVE.

2.4 CITY-ST-ZIP PANAMACITY, FL-32401

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:

[PATEL SATISHKUMAR M.] PRESIDENT

3/23/99

Date

850-763-5347

Daytime Phone #

CR2E034 (11/98)