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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara H. McQuinn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000006644 (7)

1. Corporation Name

ASHOK GRANITE AND MARBLE, INC.

Principal Place of Business

Mailing Address

1630 6TH STREET
WINTER HAVEN FL 33881

1630 6TH STREET
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

01/25/1993

5a. Date of Last Report

04/06/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3173049

Applied For

(Not Applicable)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

5. 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

PARMAR, A L
1630 6TH STREET
WINTER HAVEN FL 33881

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PARMAR, ARVIND K
STREET ADDRESS	1630 6TH STREET N.W.
CITY - ST - ZIP	WINTER HAVEN FL 33881
TITLE	D
NAME	PARMAR, ANITA A
STREET ADDRESS	1630 6TH STREET N.W.
CITY - ST - ZIP	WINTER HAVEN FL 33881
TITLE	D
NAME	PARMAR, JITENDRA K
STREET ADDRESS	1240 COUNTRYWIND DRIVE
CITY - ST - ZIP	APOPKA FL 32703
TITLE	D
NAME	PARMAR, MEENA J
STREET ADDRESS	1240 COUNTRYWIND DRIVE
CITY - ST - ZIP	APOPKA FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Arvind K. Parmar A.K. Parmar DIRECTOR

4/17/95

813 2914868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #