

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 29 PM 2:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000040973 (8)

1. Corporation Name

HEM CORPORATION

DBA - K.V. DISCOUNT BEVERAGES

Principal Place of Business

**HEM CORPORATION
1462-64 NORTH OCEAN SHORE BLVD.
ORMOND BEACH FL 32176**

Mailing Address

**HEM CORPORATION
1462-64 NORTH OCEAN SHORE BLVD.
ORMOND BEACH FL 32176**

DBA

K.V. DISCOUNT BEVERAGES

**DBA - K.V. DISCOUNT
BEVERAGES**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3188387

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

2. Principal Place of Business

21 1462-64 N. Ocean Shore Blvd

Suite, Apt. #, etc.

22 1462-64 N. Ocean Shore Blvd

City & State

23 ORMOND BEACH (FLORIDA)

Zip

24 FL 32176

2a. Mailing Address

26 1462-64 N. Ocean Shore Blvd

Suite, Apt. #, etc.

27 ORMOND BEACH FL 32176

City & State

28 ORMOND BEACH FLORIDA

Zip

29 FL 32176

County

30 VOLUSTA

9. Name and Address of Current Registered Agent

**' PRAJAPATI, KANCHANLAL A
1462-64 NORTH OCEAN SHORE BLVD.
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

**81 Name PRAJAPATI KANCHANLAL A.
82 Street Address (P.O. Box Number is Not Acceptable)
1462-64 NORTH OCEAN SHORE BLVD.
83
84 City ORMOND BEACH. FL 85 Zip Code
FL 32176**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, MUKUND K
STREET ADDRESS	595 BEVILLE ROAD
CITY, ST, ZIP	SO. DAYTONA BEACH FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL REGISTERED AGENTS AND DIRECTORS IN 12

1. TITLE	PRAJAPATI KANCHANLAL A.	☒ Change ☐ Addition
2. NAME	PRAJAPATI KANCHANLAL A.	
3. STREET ADDRESS	1462-64 N. Ocean Shore Blvd.	
4. CITY, ST, ZIP	ORMOND BEACH, FL 32176.	
5. TITLE	KANCHANLAL B. J.	☐ Change ☒ Addition
6. NAME	1462-64 N. Ocean Shore Blvd.	
7. STREET ADDRESS	ORMOND BEACH FL-32176.	
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

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-07/05/95--01030--017
****225.00 ****225.00**

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 110.07(3)(b), 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:

Kanchanlal A. Prajapati
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64-18-25

Title

Signature (Typed or printed name of registered agent and title if applicable)