## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

29

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000016426 (6)

Country

9. Name and Address of Current Registered Agent

25

ELKINS. HAROLD 6061 MERRILL RD

ISANYA OIL, INC.

Zip

24

Principal Place of Business Mailing Address 1865 WELLS RD 204 1995 WELLS RD 204 ORANGE PARK FL 32073-6703 **ORANGE PARK FL 32073** 3a. Date of Last Report 3. Date Incorporated or Qualified 03/01/1994 04/24/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3233979 1574 Wells Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing П Trust Fund Contribution 23

JACKSONVILLE FL 83 Zip Code 3 22 7 7 84 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 (9/.11E: Begistered Agent signature required when registating) Stanature, types or preced service of registered agent and the Cappheable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELFTE Change 1.1 THE TITLE BHAKTA, HARISH 1.2 NAME NAME 1762 Brita, CT 1865 WELLS RD 204 1.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** 1.4 Ci1Y-S1-ZIP CITY-ST-7IP Change nc-tibbA \_\_\_ DEFETE D 2.1 1011 TITLE BHAKTA, SHOBHNA 2.2 NAME 1865 WELLS RD 204 2.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 2 4 CHY-S1-7P CITY-ST-ZIP Change Addition DHETE 3.1 THILE TITLE PATEL, SAHDEV 3.2 NAMI NAME 1865-WELLS RD 204 3.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** 3.4. CBY- \$1- ZP CITY-ST-ZIP ☐ Change Addition Diene 4.1 11TLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1) y - S1 - ZIP CITY-\$T-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 T:TLE TITLE 6.2 NAMi NAME STREET ADDRESS 6.3 STREET ADDRESS

Country

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CITY-ST-ZIP 14. I do 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 supplicmental 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, of one attachment with an address

6.4 CITY+\$1 - 7/P

3/14/02

904 778 1626

**FILED** 

Mar 19 1997 8:00am

Secretary of State

8. This corporation has liability for intengible tax under s. 199 032

10. Name and Address of New Registered Agent

Florida Statutes

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

Yes 🗌 No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable