

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

DOCUMENT # P94000024204

1. Corporation Name

8 TILL LATE AT PONTE VEDRA INC.

Principal Place of Business

**832 A1A NORTH
1416 KINGSLEY AVE
PONTE VERDA FL 32082
US**

Mailing Address

**C/O JAYESH PARAG
8720 ROLLING BROOK LANE
JACKSONVILLE FL 32256
US**

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90061 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1994

4. FEI Number

59-3233906

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

PATEL, AJIT

832 A1A N

PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **D**
BHIKHA, BHAGIRATH
STREET ADDRESS **1237 E WILLOW OAKS DR**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ DELETE

NAME **D**
BHIKHA, SUNIL
STREET ADDRESS **1237 E WILLOW OAKS DR**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ DELETE

NAME **D**
PARAG, JAYESH
STREET ADDRESS **8720 ROLLING BROOK LN**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME **D**
PATEL, DILIP Z
STREET ADDRESS **4605 CONFEDERATE OAK DR**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE

NAME **D**
PATEL, KANTI A
STREET ADDRESS **3000 CORONET LN APT 128**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME **D**
PATEL, AJIT
STREET ADDRESS **8720 ROLLING BROOK LN**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

Date

(904) 285-5356

Daytime Phone #

CR2E034 (11/98)