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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000041137

1. Corporation Name

PRIDE INN. INC.

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90119 015 \*\*\*150.00



								# <b>       </b>	.   1. <b>  1.   1.   1.</b>   1.	<b>ari</b> (10) ( <b>iii</b> ) ( <b>ii</b> )	
Principal Place of Business Mailing Address						1 '	(40)(40)		1007 11001 71		
2016 APALACHEE PARKWAY TALLAHASSEE FL 32301  2016 APALACHEE PARKWAY TALLAHASSEE FL 32301							DO NOT V	VRITE IN THIS	SPACE		
						3. Date I	ncorporated or Quali	fed	_		
						06/0	2/1994				
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Nu	umber			Applied For	
21		26	26			59-32	246251			Not Applicable	
Suite, Apt.	#, etc.	Suite, /	Suite, Apt. #, etc.			E Cortifo	5. Certifcate of Status Desired   \$8.75 Additional Fee Required				
22		27	<i></i>			5. Ceruic					
City & State	9	City &	City & State			6. Electio	6. Election Campaign Financing \$5.00 May Be				
23		28	28			Trust F	Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Zip Cou			8. This co	orporation owes the	current year Inta	eldignı		
24	25	29	30				nal Property Tax.		Yes	□No	
Name and Address of Current Registered Agent						10. Name	and Address of Ne	w Registered A	\gent		
215				81	Name		1				
PARBHU, CHUNILAL D					Street	Address (P.O. Box	x Number is Not Acc	entable)			
6737 MAHAN DRIVE				82	0						
TALLAHASSEE FL 32308				83							
				84	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zi	p Code	
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ol	itate of Florida. Such	change was autho	rized by	the corpo	corporation submi pration's board of e	its this statement for directors. I hereby a	the purpose of occept the appoir	changing itment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registere	d acces and title if applicable	(NOTE: Pagi	ictored Agen	t exampling re	equired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
12.		S AND DIRECTORS	· <del>-</del>	13.	- Signature re		ONS/CHANGES TO		D DIREC	TORS IN 12	
TITLE	P	O THE BITTE OF OTTO		1.1 TITLE			<u> </u>		Chang		
NAME	PARBHU, CHUNILAL D			1.2 NAME							
STREET ADDRESS	6737 MAHAN DR.			1.3 STREET	ADDRESS	ı				1	
CITY-ST-ZIP	TALLAHASSSEE FL		L	1.4 CITY-ST	T-71P	1					
TITLE	17(2) 111(00022)			2.1 TITLE	1-24				[] Chang	e	
NAME				2.2 NAME	,						
				2.3 STREET	ADDRESS						
STREET ADDRESS						,					
CITY-ST-ZIP				2.4 CITY-S	1-211	··					

\_\_\_ Change ☐ Addition □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$T-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: