

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000086709

1. Corporation Name

GOPI FOOD, INC.

Principal Place of Business  
895 Nova Road  
Daytona Beach, FL 32117

Mailing Address  
895 Nova Road  
Daytona Beach, FL 32117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/30/94	3a. Date of Last Report 8/1/95
4. FEI Number 59-3279771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 895 Nova Road Suite, Apt. #, etc.	2a. Mailing Address 26 895 Nova Road Suite, Apt. #, etc.
22 City & State 23 Daytona Beach, FL 32117	27 City & State 28 Daytona Beach, FL 32117
24 Zip 32117	25 Country US
29 Zip 32117	30 Country US

9. Name and Address of Current Registered Agent

81 Name Kotamreddy R. Reddy
82 Street Address (P.O. Box Number is Not Acceptable) 895 Nova Road
83
84 City Daytona Beach
85 Zip Code 32117

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 Kotamreddy R. Reddy Kotamreddy R. Reddy, President 2/16/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	President/Director
NAME		1.2 NAME	Kotamreddy R. Reddy
STREET ADDRESS		1.3 STREET ADDRESS	895 Nova Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE		2.1 TITLE	Vice-president/Director
NAME		2.2 NAME	Vemula S. Reddy
STREET ADDRESS		2.3 STREET ADDRESS	895 Nova Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE		3.1 TITLE	Treasurer/Director
NAME		3.2 NAME	Soluchana K. Reddy
STREET ADDRESS		3.3 STREET ADDRESS	895 Nova Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE		4.1 TITLE	Secretary/Director
NAME		4.2 NAME	Asha V. Reddy
STREET ADDRESS		4.3 STREET ADDRESS	895 Nova Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE		5.1 TITLE	
NAME		5.2 NAME	800001726138
STREET ADDRESS		5.3 STREET ADDRESS	-02/28/96--01009--033
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***51.25
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Kotamreddy R. Reddy Kotamreddy R. Reddy, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-407-257-5353