

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086709 (0)

1. Corporation Name

GOPI FOOD, INC.



Principal Place of Business

Mailing Address

895 N. NOVA ROAD
DAYTONA BEACH FL 32117
US

2600 INT. SPEEDWAY BLVD.
DELAND FL 34742

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 895 N. NOVA RD.

22 City & State

27 Suite, Apt. #, etc
28 DAYTONA BEACH, FL.

23 Zip

Country

29 Zip

Country

24 32117

30 VOLUSHIA

9. Name and Address of Current Registered Agent

KAPADIA, ANIL
1537 SHADY OAK DRIVE
KISSIMMEE FL 34744

3. Date Incorporated or Qualified

11/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3279771

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

10. Name and Address of New Registered Agent

81 Name

KOTAM REDDY R. REDDY

82

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

83

895 N. NOVA RD.

84

City DAYTONA BEACH

FL

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

K. Reddy

(By) Registered Agent signature required when reappointing.

6-18-96

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME KAPADIA, ANIL
STREET ADDRESS 1537 SHADY OAK DR
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ DELETE

TITLE DV
NAME KAPADIA, INDU
STREET ADDRESS 1537 SHADY OAK DR
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
2. NAME KOTAM REDDY R. REDDY
3. STREET ADDRESS 54 TOMOKA MEADOWS BLVD.
4. CITY-ST-ZIP ORMOND BEACH, FL. 32174 ☒ Change ☒ Addition

2. TITLE VP
3. NAME SANTHI V. REDDY
4. STREET ADDRESS 429 DIXON DR.
5. CITY-ST-ZIP HEWITT, TX. 76643 ☐ Change ☒ Addition

3. TITLE S
4. NAME ASHAV REDDY
5. STREET ADDRESS 429 DIXON DR.
6. CITY-ST-ZIP HEWITT, TX. 76643 ☐ Change ☒ Addition

4. TITLE T
5. NAME SULOCHANA K. REDDY
6. STREET ADDRESS 54 TOMOKA MEADOWS BLVD.
7. CITY-ST-ZIP ORMOND BEACH, FL. 32174 ☐ Change ☒ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

K. Reddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96

CR2E034 (3/96)