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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #1. Corporation Name

GOPI FOOD, INC.

P94000086709 (0)

FILED Apr 24 1998 8:00am Secretary of State



Principal Plan	ce of Business	Mailing Address	***************************************		(BULD BURK IBBH ODING KOK 1001
B95 N. NOVA ROAD B95 N. NOVA ROAD DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117			167		
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/30/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3279771	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State		27]			Fee Required
}•• −₁ ` ⊢				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	g. Name and Address of Curren		30	10. Name and Address of New Registers	
REDDY, KOTAM REDDY R 895 N. NOVA ROAD			81 Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			00 00 10	(6.0.6.)	
DAYTONA BEACH FL 32117			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
			1-1-1	F	E I I
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligi	2 and 607.1508, Florida Statuti of Florida: Such change was a ations of, Section 607.0505, Flo	es, the above-named co authorized by the corpor orida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of togistered age	(IOI)	Registered Agent signature req		
12.	OFFICERS AND		13.	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	REDDY, KOTAM REDDY R	-	1.2 NAME		
STREET ADORESS	54 TOMOKA MEADOWS BLVI)	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY - ST - ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	REDDY, SANTHI V		2.2 NAME		
STREET ADDRESS	429 DIXON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HEWITT TX 76643		2 4 CITY-ST-ZIP		
TITLE	\$	DELETE	3 1 TITLE		Change Addition
NAME	REDDY, ASHAV		3.2 NAME		
STREET ADDRESS	429 DIXON DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HEWITT TX 76643		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		Change Addition
NAME	reddy, sulochana k		4. 2 NAME		
STREET ADDRESS	54 TOMOKA MEADOWS BLVI)	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.4 CITY - ST-2IP		
TITLE		☐ DELETE	5 1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE:

11-15-98