

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017270 (6)

1. Corporation Name

BUMBY, INC.



Principal Place of Business

6545 HIDDEN BEACH CIR
ORLANDO FL 32819

Mailing Address

6545 HIDDEN BEACH CIR
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21 201. N. Bumby Av.

26 201. N. Bumby Av.

3. Date Incorporated or Qualified
03/02/1995

3a. Date of Last Report

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FFL Number

Applied For

23 ORLANDO

28 ORLANDO

59- 3309135

Not Applicable

24 City & State
FLORIDA

29 City & State
FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

25 Zip
FL 32803

30 Zip
FL 32803

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, CYRUS
174 W COMSTOCK AVE
WINTER PARK FL 32789

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 of individual or entity registered agent, or both, if the corporation is a partnership or limited liability company.

NOTE: Registered Agent submits separately to the Department of State.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PATEL, PRADEEP R	
STREET ADDRESS	6545 HIDDEN BEACH CIR	
CITY- ST- ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JITENDRA PATEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	201. N. Bumby Av.	
1.3 STREET ADDRESS	ORLANDO FL 32803	
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

407-895-0829

CR2E034 (12/95)