

# 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 # P95000036948 (4)**

1. Corporation Name  
**SUBH, INC.**



Principal Place of Business  
**901 N 6TH AVE  
WAUCHULA FL 33873**

Mailing Address  
**901 N 6TH AVE  
WAUCHULA FL 33873**

3. Date Incorporated or Qualified **05/10/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0583102**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip

Country

29 Zip

Country

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

**CHOKSHI, DINESH  
201 PARK PLACE  
SUITE #207  
ALTAMONTE SPRINGS FL 32701**

81 Name **SUBHASH PATEL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**812 N. FL. AVE. #8**

83

84 City **WAUCHULA, FL** 85 Zip Code **33873**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-27-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PSTD**  
STREET ADDRESS **PATEL, SUBHASH**  
CITY- ST- ZIP **812 N FLORIDA AVE #B  
WAUCHULA FL 33873**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

TITLE ☐ DELETE

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

TITLE ☐ DELETE

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME

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5.2 NAME

TITLE ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME

TITLE ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-96**

DATE

**941-773-4177**

Daytime Phone #

CR2E034 (12/95)