

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058867 (9)

1. Corporation Name

NISHANT INC.



Principal Place of Business

Mailing Address

~~10000 KINGSLEY AVE~~
~~10000 KINGSLEY AVE~~
~~ORANGE PARK FL 32073~~

% DAVID A. KING, ESO.
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

2. Principal Place of Business

21 4498 Hendricks Avenue

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

Zip Country

24 32207 25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

4. FLL Number

59-3326156

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

9. Name and Address of Current Registered Agent

KING, DAVID A
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

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 607.0602 and 607.1602, 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 607.0605, Florida Statutes.

SIGNATURE

Signature type or print name clearly and legibly on this line.

Date: (By: Two Agents, one must be present.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PATEL, NIMESH C	
STREET ADDRESS	1237 EAST WILLOW OAKS DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	☐ DELETE
NAME	PATEL, SADHANA N	
STREET ADDRESS	1237 EAST WILLOW OAKS DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		☐ OFFER
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	DS	☒ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. 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 registered agent 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nimesh C. Patel, President

02-02-96

904-731-4000

CR2E034 (12/95)