

**FILE NOW: FILING FEE AFTEI**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

**DOCUMENT #** P96000088000  
**1. Corporation Name**

**GOPI ENTERPRISES, INC.**

**Principal Place of Business** 38499 CR - 54 East  
Zephyrhills, FL 34248  
**Mailing Address** 38499 CR - 54 East  
Zephyrhills, FL 34248

**3. Date Incorporated or Qualified** 10/24/1996  
**3a. Date of Last Report**  
**4. FEI Number** 65-0700935  
**Applied For**  
**Not Applicable**

**2. Principal Place of Business** **2a. Mailing Address**  
**21** Rush Food Store **26** Rush Food Store  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** 3318 Henderson Blvd. **27** 3318 Henderson Blvd.  
City & State City & State  
**23** Tampa, FL 33609 **28** Tampa, FL 33609  
Zip Country Zip Country  
**24** 33609 **25** Hillsborough **29** 33609 **30** Hillsborough

**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

**9. Name and Address of Current Registered Agent**  
Patel, Baldev  
38499 CR - 54 East  
Zephyrhills, FL 34248  
**10. Name and Address of New Registered Agent**  
**81** Name Patel, Baldev  
**82** Street Address (P.O. Box Number is Not Acceptable) 3318 Henderson Blvd  
**83**  
**84** City Tampa **85** FL **86** Zip Code 33609

**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]* **4.30.97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

| 12. OFFICERS AND DIRECTORS                 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---------------------------------|---|--|
| <b>TITLE</b> D                             | <b>NAME</b> Patel, Baldev       | <b>1.1 TITLE</b> D                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> 38499 CR 54 East     |                                 | <b>1.2 NAME</b> Patel, Baldev                         |  |
| <b>CITY- ST- ZIP</b> Zephyrhills, FL 34248 | <input type="checkbox"/> DELETE | <b>1.3 STREET ADDRESS</b> 3318 Henderson Blvd         |  |
| <b>TITLE</b> D                             |                                 | <b>1.4 CITY- ST- ZIP</b> Tampa, FL 33609              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b> Patel, Sita                    |                                 | <b>2.1 TITLE</b> D                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> 2329 Fern Place      |                                 | <b>2.2 NAME</b> Patel, Sita                           |  |
| <b>CITY- ST- ZIP</b> Tampa, FL 33604       | <input type="checkbox"/> DELETE | <b>2.3 STREET ADDRESS</b> 3318 Henderson Blvd         |  |
| <b>TITLE</b>                               |                                 | <b>2.4 CITY- ST- ZIP</b> Tampa, FL 33609              |  |
| <b>NAME</b>                                |                                 | <b>3.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b>                      |                                 | <b>3.2 NAME</b>                                       |  |
| <b>CITY- ST- ZIP</b>                       | <input type="checkbox"/> DELETE | <b>3.3 STREET ADDRESS</b>                             |  |
| <b>TITLE</b>                               |                                 | <b>3.4 CITY- ST- ZIP</b>                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                |                                 | <b>4.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b>                      |                                 | <b>4.2 NAME</b>                                       |  |
| <b>CITY- ST- ZIP</b>                       | <input type="checkbox"/> DELETE | <b>4.3 STREET ADDRESS</b>                             |  |
| <b>TITLE</b>                               |                                 | <b>4.4 CITY- ST- ZIP</b>                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                |                                 | <b>5.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b>                      |                                 | <b>5.2 NAME</b>                                       |  |
| <b>CITY- ST- ZIP</b>                       | <input type="checkbox"/> DELETE | <b>5.3 STREET ADDRESS</b>                             |  |
| <b>TITLE</b>                               |                                 | <b>5.4 CITY- ST- ZIP</b>                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                |                                 | <b>6.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b>                      |                                 | <b>6.2 NAME</b>                                       |  |
| <b>CITY- ST- ZIP</b>                       | <input type="checkbox"/> DELETE | <b>6.3 STREET ADDRESS</b>                             |  |
|  |                                 | <b>6.4 CITY- ST- ZIP</b>                              |  |

**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]* **4.30.97** **(813) 986-4986**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)