

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000026412 (1)

1. Corporation Name

R. K. & NARRA ENTERPRISES, INC.



Principal Place of Business

109 N MONTE
PIKEVILLE KY 41501

Mailing Address

109 N MONTE
PIKEVILLE KY 41501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

2. Principal Place of Business	2a. Mailing Address
21 DUNKIN DONUT SHOP	26 DUNKIN DONUT SHOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1111 US HIGHWAY 98 SOUTH	27 1111 US HIGHWAY 98 SOUTH
City & State	City & State
23 LAKELAND, FL	28 LAKELAND, FL
Zip	Zip
24 33801	29 33801
Country	Country
25 USA	30 USA

4. FEI Number
593447005

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MUNSON, PETER J
100 E MAIN ST
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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, 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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SIDIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARRA, BAPUJI	1.2 NAME	NARRA BAPUJI
STREET ADDRESS	109 N MONTE	1.3 STREET ADDRESS	109 NORTH MONTE
CITY-ST-ZIP	PIKEVILLE KY 41501	1.4 CITY-ST-ZIP	PIKEVILLE KY 41501
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	AINPUDI RAVI KIRAN
STREET ADDRESS		2.3 STREET ADDRESS	1111 US HIGHWAY 98 SOUTH
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: R. Narra NARRA, BAPUJI NARRA 1-17-98 606 622 5221

CR2E034 (10/97)