


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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000030910 (8)**

1. Corporation Name  
**DURGAMA, INC.**

Principal Place of Business

Mailing Address

~~148 S. RIDGEWOOD AVE.~~  
~~DAYTONA BEACH FL 32114~~

~~148 S. RIDGEWOOD AVE.~~  
~~DAYTONA BEACH FL 32114~~

**2445 State Rd**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>2445 STATE ROAD 16</b>	26 <b>2445 S. R. 16</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 <b>ST. AUGUSTINE FL</b>		28 <b>ST. AUGUSTINE FL</b>	
Zip	Country	Zip	Country
24 <b>32092</b>	25 <b>USA</b>	29 <b>32092</b>	30 <b>USA</b>

3. Date Incorporated or Qualified

**04/04/1997**

4. FEI Number

**59-3451084**

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

10. Name and Address of New Registered Agent

**WELLS, JERRY B**  
**648 S. RIDGEWOOD AVE.**  
**DAYTONA BEACH FL 32114**

81 Name	<b>JYOTSNA PATEL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2445 STATE ROAD 16</b>
83	
84 City	<b>ST. AUGUSTINE</b>
85 State	<b>FL</b>
86 Zip Code	<b>32082</b>

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

**4/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>MARENDA PATEL</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>765 VISCAYA BLVD</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32086</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V.P., SEC., TREAS.</b>
NAME		2.2 NAME	<b>JYOTSNA PATEL</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>765 VISCAYA BLVD</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32086</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
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:

**4/20/98**

CR2E034 (10/97)