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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000064366

1. Corporation Name

KURUPACHERY, INC.

Principal Place of Business

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90022 030 ***150.00



4410 HIGHWAY 326 WEST OCALA FL 34482	4410 HIGHWAY 326 WEST OCALA FL 34482			DO NOT WRITE IN THI	S SPACE		
	:			3. Date Incorporated or Qualified 07/28/1997			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	26			65-0768959		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	75 Additional e Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be		00 May Be	
23	28			Trust Fund Contribution		ded to Fees	
Zip- Country 25	29	Counti	y	8: This corporation owes the current year in Personal Property Tax.	ntangible ∐Yes	 □No	
9. Name and Address of Cu		1	-	10. Name and Address of New Registered	d Agent		
KURUPACHERY, BAVOO J		8	1 Name				
4410 HIGHWAY 326 WEST			Street Address (P.O. Box Number is Not Acceptable)				
OCALA FL 34482		8	3				
·	·	8	City	. F	85	Zip Code	

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: R	egistered Agent signature req	guired when reinstating) DATE
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KURUPACHERY, BAVOO J	1.2 NAME	
STREET ADDRESS	4410 HIGHWAY 326 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	1.4 CITY-ST-ZIP	
TITLE	D □ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KURRUPACHERRY, MARY J	2.2 NAME	
STREET ADDRESS	4410 HIGHWAY 326 WEST	2.3 STREET ADDRESS	
CITY-\$T-ZIP	OCALA FL 34482	2.4 CITY-ST-ZIP	, '
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NÀME	•	3.2 NAME	·
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	The section of the se	3.4. CITY+ST+ZIP	<u></u>
TITLE	DELETE	4.1 TITLE	Change · ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS	•	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME .		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	·	6.4 CFTY-ST-ZIP	in Section 119 07/3Vi) Florida Statutes further certify that the information

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 informationated 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, with all other like empowered.