

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

PROMT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90054 013 ***150.00

DOCUMENT # P98000005407

1. Corporation Name

PRESKO OF HOMELAND, INC.

Principal Place of Business

2481 S KISSINGEN AVE
BARTOW FL 33830

Mailing Address

2481 S KISSINGEN AVE
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

59-3485848

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 SR6406 U.S. HWY 17-98

2a. Mailing Address

26 2481 S. KISSINGEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HOMELAND FL

City & State

28 BARTOW FLORIDA

Zip

24 FL 33847

Country

25 U.S.A

Zip

29 33830

Country

30 U.S.A

9. Name and Address of Current Registered Agent

PATEL, HITESM
2481 S KISSINGEN AVE
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

PATEL HITESH

82 Street Address (P.O. Box Number is Not Acceptable)

2481 S. KISSINGEN AVE.

83

1

84 City

BARTOW.

FL

85 Zip Code

33830

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

HITESH PATEL

PRESIDENT

1-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT - TREASURER

☒ Change

☐ Addition

1.2 NAME

PATEL HITESH.

1.3 STREET ADDRESS

2481 S. KISSINGEN AVE.

1.4 CITY-ST-ZIP

BARTOW, FL. 33830

2.1 TITLE

DIRECTOR - SECRETARY

☒ Change

☒ Addition

2.2 NAME

PATEL KRISTI

2.3 STREET ADDRESS

2481 S. KISSINGEN AVE.

2.4 CITY-ST-ZIP

BARTOW, FL. 33830

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

HITESH PATEL

PRESIDENT

1-12-99

941.375.2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)