

AMENDED 1999-1999

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

99 OCT 26 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000005407

1. Corporation Name

PRESKO OF HOMELAND, INC.

Principal Place of Business

SR 640 & US HWY 17-98
HOMELAND, FL. 33847

Mailing Address

2481 S. KISSINGEN AVE.
BARTOW, FL. 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 6005 HWY 17

Suite, Apt. #, etc.

22 City & State
23 HOMELAND, FL.

24 Zip
33847

25 Country
USA

2a. Mailing Address

26 4129 U.S. HWY 17 N.

Suite, Apt. #, etc.

27 City & State
28 BOWLING GREEN FL.

29 Zip
33834

30 Country
U.S.A

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.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PATEL HITESH
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)
4129 U.S. HWY. 17 N.
83
84 City BOWLING GREEN FL 85 Zip Code 33834

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

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

(NOTE: Registered Agent signature required when reinstating)

10-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HITESH PATEL	
STREET ADDRESS	2481 S. KISSINGEN AVE.	
CITY-STATE-ZIP	BARTOW, FL. 33830	
TITLE	D.S	<input checked="" type="checkbox"/> DELETE
NAME	KRISTI PATEL	
STREET ADDRESS	2481 S. KISSINGEN AVE.	
CITY-STATE-ZIP	BARTOW FL. 33830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.T.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HITESH PATEL	
1.3 STREET ADDRESS	4129 U.S. HWY 17 N.	
1.4 CITY-STATE-ZIP	BOWLING GREEN FL. 33834	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: HITESH PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/99 863.375-2626
Date Daytime Phone #

CR2E034 (5/99)