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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90089 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000034684

1. Corporation Name

DURGA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

3580 PALL MALL DRIVE
UNIT 1506
JACKSONVILLE FL 32257

3580 PALL MALL DRIVE
UNIT 1506
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3505232

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALLOWES, BORDEN R
3580 PALL MALL DRIVE
UNIT 1506
JACKSONVILLE FL 32257

81 Name

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

83

84 City

FL

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME HALLOWES, BORDEN R
STREET ADDRESS 3580 PALL MALL DRIVE, UNIT 1506
CITY-ST-ZIP JACKSONVILLE FL 32257

1.1 TITLE

PRESIDENT

☐ Change

☒ Addition

NAME HALLOWES, BORDEN R

1.2 NAME

SURESH CHANDR . L . BHIM BHAI

STREET ADDRESS 3580 PALL MALL DRIVE, UNIT 1506

1.3 STREET ADDRESS

3580 PALL MALL DR. #1506

CITY-ST-ZIP JACKSONVILLE FL 32257

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

VICE

☐ Change

☒ Addition

STREET ADDRESS

2.2 NAME

LALITABEN . L . BHIM BHAI

CITY-ST-ZIP

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

3.1 TITLE

TREASURER

☐ Change

☒ Addition

STREET ADDRESS

3.2 NAME

JAIPRAKASH LALLOO BHAI

CITY-ST-ZIP

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE

SECRETARY

☐ Change

☒ Addition

STREET ADDRESS

4.2 NAME

Bela J. Lalloskhan

CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

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:

JAIPRAKASH LALLOO BHAI

Date

Daytime Phone #

3/19/99

CR2034 (11/98)