

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90152 019 ***150.00

DOCUMENT # P98000085962

1. Corporation Name
ROYAL THAI, INC.

Principal Place of Business
4374 MEADOWLAND CIR
SARASOTA FL 34233

Mailing Address
4374 MEADOWLAND CIR
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1998

4. FEI Number
650873547

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 2920 BENEVA ROAD

2a. Mailing Address
26 6325 CANARY ST.

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 SARASOTA, FLORIDA

City & State
28 SARASOTA, FLORIDA

Zip
24 34232

Country
25 USA

Zip
29 34241

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRIENGKRAIPETCH, VUTHICHA
4374 MEADOWLAND CIR
SARASOTA FL 34233

81 Name
SARIYA OBOLRAT

82 Street Address (P.O. Box Number is Not Acceptable)
6325 CANARY ST.

83

84 City
SARASOTA

FL 85 Zip Code
34241

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
OBOLRAT SARIYA (PRESIDENT) 4-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
D
NAME
SARIYA, OBOLRAT
STREET ADDRESS
4374 MEADOWLAND CIR
CITY-ST-ZIP
SARASOTA FL 34233

DELETE

1.1 TITLE
D
1.2 NAME
SARIYA : OBOLRAT
1.3 STREET ADDRESS
6325 CANARY ST.
1.4 CITY-ST-ZIP
SARASOTA, FL 34241

☒ Change ☒ Addition

TITLE
D
NAME
KRIENGKRAIPETCH, VUTHICHA
STREET ADDRESS
4374 MEADOWLAND CIR
CITY-ST-ZIP
SARASOTA FL 34233

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: OBOLRAT SARIYA (PRESIDENT) 4-20-99 (941) 941-7513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)