

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

DOCUMENT # P98000086437

1. Corporation Name

SHIVAM INVESTMENTS, INC.

Principal Place of Business

1237 E. WILLOWS OAKS DR.
JACKSONVILLE BEACH FL 32250

Mailing Address

1237 E. WILLOWS OAKS DR.
JACKSONVILLE BEACH FL 32250

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90005 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

4. FEI Number

59-3535658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BEARDSLEY, DALE A ESQ
12 E. BAY ST.
JACKSONVILLE FL 32202-3427

10. Name and Address of New Registered Agent

81 Name

BHAGIRATH BHIKHA

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

1236 N. 1ST ST.

83

84 City

JACKSONVILLE BEACH FL

85 Zip Code

32250

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

Bhagirath Bhikha

3-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PATEL, BHIKHABHAI K
STREET ADDRESS 1237 E. WILLOWS OAKS DR.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ DELETE

TITLE D
NAME PATEL, GANGABEN
STREET ADDRESS 1237 E. WILLOWS OAKS DR.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DIRECTOR
BHAGIRATH BHIKHA
1237 E. WILLOW OAKS DR.
JACKSONVILLE BEACH, FL 32250

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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:

Bhagirath Bhikha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

904 246 1583

Daytime Phone #

CR2F034 (1/1/98)