FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S43551** **(8)**

1. Current Name
ADHIA & COMPANY, INC.

Principal Place of Business	Mailing Address
2635 S.W. 35TH PLACE SUITE 906 GAINESVILLE FL 32608	2635 S.W. 35TH PLACE SUITE 906 GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/05/1991	02/16/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. # or other (22) | Suite, Apt. # or other (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 59-3074795 — 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 has [illegible] for exemption [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADHIA, BINA P. 2635 S.W. 35TH PLACE SUITE 906 GAINESVILLE FL 32608	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 [illegible] (Registered Agent's signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	ADHIA, HITESH P.	2 NAME	
STREET ADDRESS	2650 "F" SW 38TH PL	3 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	4 CITY ST ZIP	
02 TITLE		5 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		7 STREET ADDRESS	
CITY ST ZIP		8 CITY ST ZIP	
03 TITLE		9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY ST ZIP		12 CITY ST ZIP	
04 TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY ST ZIP		16 CITY ST ZIP	
05 TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY ST ZIP		20 CITY ST ZIP	
06 TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 with an address, with an asterisk (*) before each entry.

SIGNATURE: [signature] 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0412114 FP