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

APPROVED AND FILED

[illegible] 1 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69704** **(7)**

1. Corporate Name

LAXMI GIFTS, INC.

Principal Place of Business	Mailing Address
RT 6 BOX 267N LAKE CITY FL 32055	RT 13 BOX 1140 LAKE CITY FL 32055 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1992**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-3146023**	☐ 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 liability for intangible tax under § 199.032, Florida Statutes* ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATEL, P.J. RT 13 BOX 1140 LAKE CITY FL 32055	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 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]

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, etc.
Title: DP Name: PATEL, P.J. Address: RT. 13, BOX 1140 City-St-Zip: LAKE CITY FL	☐ Change ☐ Addition
Title: DV Name: PATEL, NILESH R Address: RT. BOX 1140 City-St-Zip: LAKE CITY FL 32055	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] P. J. PATEL
(PRINT THE NAME AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

4/19/95 (Date) 904 752 9350 (Daytime Phone #)

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