

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M93319

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC5156288702**

**Entity Name:** AS/GBI CORPORATION

**Current Principal Place of Business:**

% GATOR BOWL INN  
455 HAINES STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

% GATOR BOWL INN  
455 HAINES STREET  
JACKSONVILLE, FL 32202

**FEI Number:** 59-2928962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEPRELL, SAMUEL L.  
SUITE 201 ST MANNS PLACE  
1930 SAN MARCO BLVD  
JACKSONVILLE, FL 32207 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPST  
Name SHAH, ARVIND  
Address % 455 HAINES STREET  
City-State-Zip: JACKSONVILLE FL

Title VP  
Name DESAI BHAGIRATH  
Address C/O 455 HAINES STREET  
City-State-Zip: JACKSONVILLE FL

Title VP  
Name SHAH, JASHWANT  
Address 455 HAINES ST  
City-State-Zip: JACKSONVILLE FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASHWANT SHAH

VP

03/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date