

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P24766** (8)

1. Corporation Name  
**GEORGE KALUDIS ASSOCIATES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:56

Principal Place of Business Mailing Address  
**2505 HILLSBORO ROAD SUITE 302 NASHVILLE TN 37212**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1989</b>	3a. Date of Last Report <b>06/08/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>62-1018150</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DYE, JIM L. 404 E. SIXTH AVENUE TALLAHASSEE FL 32303</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALUDIS, GEORGE</b>	12 NAME	
STREET ADDRESS	<b>2127 CHICKERING LANE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	14 CITY - ST - ZIP	
TITLE	<b>SD</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, BARRY M.</b>	22 NAME	
STREET ADDRESS	<b>3511 WOODMONT LANE</b>	23 STREET ADDRESS	<b>4207 Farrar Ave</b>
CITY - ST - ZIP	<b>NASHVILLE TN</b>	24 CITY - ST - ZIP	<b>Nashville, TN 37215</b>
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HESTER, P. LAWRENCE</b>	32 NAME	
STREET ADDRESS	<b>801 BLUEBERRY LANE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>LIBERTY MO</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNER, BUDDY L</b>	42 NAME	
STREET ADDRESS	<b>313 KETCH COVE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>HERMITAGE TN</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEYDON, JOHN F</b>	52 NAME	
STREET ADDRESS	<b>31 RICHARDS ROAD</b>	53 STREET ADDRESS	<b>11 Old Hope Creek Path</b>
CITY - ST - ZIP	<b>RYE NH 03871</b>	54 CITY - ST - ZIP	<b>Durham, NC 27707</b>
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *X [Signature]* **5/24/95 615/297-3880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)