

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P24766 (8)**  
1. Corporation Name  
**GEORGE KALUDIS ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**2505 Hillsboro Road, Suite 302 same**  
**Nashville, TN 37212**

3. Date incorporated or Qualified **6/15/89** 3a. Date of Last Report **5/31/95**

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

4. FEI Number **62-1018150** 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 s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Dye, Jim L.**  
**404 E Sixth Avenue**  
**Tallahassee, FL 32303**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (Type or printed name of registered agent and title) \_\_\_\_\_ (Typed Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>PTD</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>George Kaludis</b>                      |
| STREET ADDRESS             | <b>2127 Chickering Lane</b>                |
| CITY - ST - ZIP            | <b>Nashville, TN 37215</b>                 |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>Barry M. Cohen</b>                      |
| STREET ADDRESS             | <b>4207 Farrar Ave.</b>                    |
| CITY - ST - ZIP            | <b>Nashville, TN 37215</b>                 |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   |
| NAME                       | <b>P. Lawrence Hester</b>                  |
| STREET ADDRESS             | <b>801 Blueberry Lane</b>                  |
| CITY - ST - ZIP            | <b>Liberty, MO 64068</b>                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   |
| NAME                       | <b>Buddy L. Bruner</b>                     |
| STREET ADDRESS             | <b>313 Ketch Cover</b>                     |
| CITY - ST - ZIP            | <b>Hermitage, TN 37076</b>                 |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   |
| NAME                       | <b>John F. Leydon</b>                      |
| STREET ADDRESS             | <b>11 Old Hope Creek Path</b>              |
| CITY - ST - ZIP            | <b>Durham, NC 27707</b>                    |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME  |   |
| 13. STREET ADDRESS                                    |   |
| 14. CITY - ST - ZIP                                   |   |
| 2. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME  |   |
| 23. STREET ADDRESS                                    |   |
| 24. CITY - ST - ZIP                                   |   |
| 3. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME  |   |
| 33. STREET ADDRESS                                    |   |
| 34. CITY - ST - ZIP                                   |   |
| 4. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME  |   |
| 43. STREET ADDRESS                                    |   |
| 44. CITY - ST - ZIP                                   |   |
| 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME  |   |
| 53. STREET ADDRESS                                    |   |
| 54. CITY - ST - ZIP                                   |   |
| 6. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME  |   |
| 63. STREET ADDRESS                                    |   |
| 64. CITY - ST - ZIP                                   |   |

**600001819976**  
**-05/14/96--01037--004**  
**\*\*\*225.00**

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 119.07(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:** \_\_\_\_\_ **5/6/96** **615/297-3880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page No.

CR2E034 (12/95)