

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000070596 (8)**

1. Corporation Name

UNITED PAINTING & CONTRACTING, INC.



Principal Place of Business

**2187 LOGAN STREET
CLEARWATER FL 34624**

Mailing Address

**2187 LOGAN STREET
CLEARWATER FL 34624**

3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report
4. FEI Number 59-3334672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1400 INDUSTRIAL BLVD	26 1400 INDUSTRIAL BLVD
Suite, Apt. #, etc. 22 # 208	Suite, Apt. #, etc. 27 # 208
City & State 23 TARPON SPRINGS, FL	City & State 28 TARPON SPRINGS, FL
Zip 24 34689	Country 25 USA
Country 29 USA	Zip 30 34689

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HATZILERIS, EFTYHIA 2187 LOGAN STREET CLEARWATER FL 34624		81 Name STAVROS TINGIRIDES	
		82 Street Address (P.O. Box Number is Not Acceptable) 800 N. BELCHER RD.	
		83 SUITE 4	
		84 City CLEARWATER	85 Zip Code FL 34625

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: *[Signature]* **STAVROS TINGIRIDES** DATE: **4/27/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATZILERIS, SHELIA 2187 LOGAN STREET CLEARWATER FL 34624 <input checked="" type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	D, P, S MIHALITSA IKONOMOU 1400 INDUSTRIAL BLVD., #208 TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATZILERIS, EFTYHIA 2187 LOGAN STREET CLEARWATER FL 34624 <input type="checkbox"/> DELETE	2. TITLE 2. NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D, V, T EFTYHIA HATZILERIS 1400 INDUSTRIAL BLVD., #208 TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3. TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4. TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5. TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6. TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **MIHALITSA IKONOMOU** DATE: **5/1/96** TELEPHONE: **(813) 938-1668**

CR2E034 (12/95)