

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jun 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000070596 (8)

1. Corporation Name
UNITED PAINTING & CONTRACTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1400 INDUSTRIAL BLVD- SUITE 208 TARPON SPRINGS FL 34689 US**
Mailing Address: **1400 INDUSTRIAL BLVD SUITE 208 TARPON SPRINGS FL 34689 US**

2. Principal Place of Business: **21 1525 Rainville Road**
Suite, Apt. #, etc.
22
City & State: **23 Tarpon Springs, FL**
Zip: **24 34689** Country: **25 US**
2a. Mailing Address: **26 1525 Rainville Road**
Suite, Apt. #, etc.
27
City & State: **28 Tarpon Springs, FL**
Zip: **29 34689** Country: **30 U.S.**

3. Date Incorporated or Qualified: **09/11/1995**
4. FEI Number: **59-3334672** 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
TINGIRIDES, STAVROS
800 N. BELCHER RD
SUITE 4
CLEARWATER FL 34625

10. Name and Address of New Registered Agent
81 Name: Mihalitsa IKONOMOU
82 Street Address (P.O. Box Number is Not Acceptable): 1525 Rainville Rd.
83
84 City: Tarpon Springs FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 607 (9)(2) and 607 (15)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. **SIGNATURE: Mihalitsa IKONOMOU, President 6/4/98**

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	IKONOMOU, MIHALITSA	
STREET ADDRESS	1400 INDUSTRIAL BLVD SUITE 208	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HATZILERIS, EFTYHIA	
STREET ADDRESS	1400 INDUSTRIAL BLVD 208	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1525 Rainville Rd.
14 CITY- ST- ZIP	Tarpon Springs, FL 34689
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1525 Rainville Rd.
24 CITY- ST- ZIP	Tarpon Springs, FL 34689
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or corrected to be brought with an address.

SIGNATURE: **Mihalitsa IKONOMOU 4/29/98 (82) 928-11018**

CR2E034 (10/97)