

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

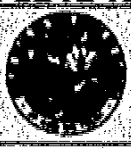
**APPROVED  
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**95 APR 19 AM 2:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # S44972 (5)**

1. Corporation Name  
**TRIO PAINTING, INC.**

Principal Place of Business      Mailing Address

**1892 SMITH LANE      1892 SMITH LANE**  
**PALM HARBOR FL 34683      PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address

**21**      **26**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**22**      **27**

City & State      City & State

**23**      **28**

Zip      Country      Zip      Country

**24**      **25**      **29**      **30**

3. Date incorporated or Qualified      3a. Date of Last Report

**04/10/1991**      **08/09/1994**

4. FEI Number      Applied For

**59-3062656**       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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**PANAGOS, SPIROS**  
**1892 SMITH LANE**  
**PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City      **85** Zip Code

**FL**

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 X Spiros Panagos - PRESIDENT      DATE 4-14-95

Signature, typed or printed name of registered agent and fee (if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**

NAME **PANAGOS, SPIROS**

STREET ADDRESS **1892 SMITH LANE**

CITY-ST-ZIP **PALM HARBOR FL**

TITLE **S**

NAME **POOKIDES, ANDREAS**

STREET ADDRESS **1381 AMBERLEA DR**

CITY-ST-ZIP **DUNEDIN FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 Spiros Panagos - SPIROS PANAGOS      DATE 4-14-95      813/736-0639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)