

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT



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

19968896

B-7069C

DOCUMENT # 503113 (3)

1. Corporation Name

P.S. AND SONS PAINTING, INC.



Principal Place of Business

Mailing Address

120 E. LEMON ST.  
PO BOX 86  
TARPON SPRINGS FL 34688

120 E. LEMON ST.  
PO BOX 86  
TARPON SPRINGS FL 34688

2. Principal Place of Business

21 PO Box 86

Suite, Apt. #, etc

22 City & State

23 Tarpon Springs FL

24 Zip 34688

25 Country USA

2a. Mailing Address

26 PO Box 86

Suite, Apt. #, etc

27 City & State

28 Tarpon Springs, FL

29 Zip 34688

30 Country USA

3. Date Incorporated or Qualified

05/13/1976

3a. Date of Last Report

04/25/1995

4. FEI Number

59-1678341

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

SKANDALIARIS, BILL  
20 CYPRESS PLACE  
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

N/A

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

N/A

N/A

Signature typed for principal of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SKANDALIARIS, BILL  
STREET ADDRESS 20 CYPRESS PLACE  
CITY-ST-ZIP OLDSMAR, FL 00000 ← 34677

TITLE ST  
NAME SKANDALIARIS, KAREN  
STREET ADDRESS 20 CYPRESS PLACE  
CITY-ST-ZIP OLDSMAR, FL 00000 ← 34677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11 TITLE  
12 NAME Same  
13 STREET ADDRESS Same  
14 CITY-ST-ZIP Oldsmar, FL 34677

21 TITLE  
22 NAME Same  
23 STREET ADDRESS Same  
24 CITY-ST-ZIP Oldsmar, FL 34677

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen Skandalis

8/5/96

813-785-2754

CR2E034 (3/96)