

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:19

DOCUMENT # **841642** (2)

1. Corporation Name
PETER L. ARGERIS, INC.

Principal Place of Business Mailing Address
2070 UTICA PLACE 2070 UTICA PLACE
PENSACOLA FL 32503-3234 PENSACOLA FL 32503-3234

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/16/1978	02/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		36-2733079	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
ARGERIS, PETER L. 2070 UTICA PLACE PENSACOLA, FL MH FL 32504				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARGERIS, PETER L. 2070 UTICA PLACE PENSACOLA, FL MH FL 32504				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGERIS, PETER L.	1.2 NAME	
STREET ADDRESS	2070 UTICA PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGERIS, ELEFTHERIA	2.2 NAME	
STREET ADDRESS	2070 UTICA PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eleftheria E. Argeris* 2-2-95 (904) 438-3141
 HIGHLY SKILL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Eleftheria E. ARGERIS