

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 09 1996 8:00 am
Secretary of State

DOCUMENT # **G86550** (2)

1. Corporation Name

SAMIOTIS PAINTERS, INC.



Principal Place of Business Mailing Address
**2649 SE SOLANA LN.(PORT ST LUCIE, FL)
P.O. BOX 230
STUART FL 34995** **2649 SE SOLANA LN.(PORT ST LUCIE, FL)
P.O. BOX 230
STUART FL 34995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date incorporated or Qualified

02/27/1984

3a. Date of Last Report

10/18/1995

4. FEI Number

59-2390123

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

**SAMIOTIS, JOHN & MARY BETH
2649 S.E. SOLANA LN.
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

John H. Samiotis, President

(Print Name of Agent Separately on a separate sheet)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SAMIOTIS, JOHN	2649 S.E. SOLANA LN.	PORT ST. LUCIE FL	☐
ST	SAMIOTIS, JOHN	2649 S.E. SOLANA LN.	PORT ST. LUCIE FL	☐
				☐
				☐
				☐
				☐

13.

1. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	Change	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:

John H. Samiotis, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN Samiotis 6/5/96

Date

Signature Mark

CR2E034 (12/95)