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

Mailing Address

% RENEE J. GIALOUSIS

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J57246 1. Corporation Name

Principal Place of Business

% RENEE J. GIALOUSIS

KAZANAS INDUSTRIAL MAINTENANCE, INC.

1025 S. FLORIDA AVE. TARPON SPRINGS FL 34689		1025 S. FLORIDA AVE. TARPON SPRINGS FL	34689	DO NOT WRITE IN THIS SPACE	
INNTUN SENIN	03 12 34003	TARIL ON STRINGS TE		3. Date incorporated or Qualifed 02/17/1987	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2837753	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & Stat	B	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	vear Intangible
24	25	29	30	Personal Property Tax.	∐Yes □No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	stered Agent
	25.33 22.43	(C) / (C)	81 Name		
GIAL	OUSIS, RENEE J. S. FLORIDA AVE.	RON ÑA	82 Street A	ddress (P.O. Box Number is Not Acceptable)
	PON SPRINGS FL 34689	.*	83	Consider the State of the Constant Cons	
•	•		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 for 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: Itam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (f	NOTE: Registered Agent signature re-	4 miles (1770)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	☐ DELETE		eter est	☐ Change ☐ Addition
NAME	GIALOUSIS, RENEE J.		1.2 NAME		
STREET ADDRESS	1025 S. FLORIDA AVE.		1.3 STREET ADDRESS		·
CITY-ST-ZIP	TARPON SPRINGS FL	☐ DELETE	1.4 CITY-ST-ZIP		
TITLE	VPS		■ 2.1 TITLE		☐ Change ☐ Addition
	OLI GUOIG BENEE I	- Decem	a t		Change Addition
NAME	GIALOUSIS, RENEE J	· ·	2.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	1025 S FLORIDA AVE		2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1025 S FLORIDA AVE TARPON SPGS. FL	· · · · · · · · · · · · · · · · · · ·	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	1025 S FLORIDA AVE TARPON SPGS. FL	O DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME (1777)	1025 S FLORIDA AVE TARPON SPGS. FL	· · · · · · · · · · · · · · · · · · ·	2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE NAME 77	1025 S FLORIDA AVE TARPON SPGS. FL	· · · · · · · · · · · · · · · · · · ·	2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME 7 STREET ADDRESS CITY-ST-ZIP	1025 S FLORIDA AVE TARPON SPGS. FL	Ø □ DELETE	2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME 7 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	1025 S FLORIDA AVE TARPON SPGS. FL	Ø □ DELETE	2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
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ith an address, with all other like empowered. SIGNATURE

6.4 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 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

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90078 009 ***150.00