

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 07 1996 8:00 am  
Secretary of State

**DOCUMENT # J69814 (8)**  
1. Corporation Name  
**GLOBAL CONSTRUCTION, INC.**



Principal Place of Business: **1476 L & R INDUSTRIAL BLVD  
P.O. BOX 3545 HOLIDAY, FLORIDA (34690)  
TARPON SPGS. FL 34689**

Mailing Address: **1476 L & R INDUSTRIAL BLVD  
P.O. BOX 3545 HOLIDAY, FLORIDA (34690)  
TARPON SPGS. FL 34689**

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **04/24/1987**

3a. Date of Last Report: **01/31/1995**

4. FET Number: **59-2797922** 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**

**KLIMIS, DEMETRIOS  
1313 BELCHER DRIVE  
TARPON SPRINGS FL 34689**

**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 607.0507 and 607.1308, 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 \_\_\_\_\_ Date \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLIMIS, DEMETRIOS	
STREET ADDRESS	1313 BELCHER DRIVE	
CITY, STATE, ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAGORIANOS, SAKELLARIOS	
STREET ADDRESS	925 RIVERSIDE DRIVE	
CITY, STATE, ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALIKANTZAROS, GEORGE N.	
STREET ADDRESS	3136 PINON DR	
CITY, STATE, ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. I file on an attachment with an original.

**SIGNATURE:** *Demetrios Klimis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96  
(813)  
938-6091

CR2E034 (12/95)