

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000061377 (6)**

1. Corporation Name

E-N-D INDUSTRIAL PAINTING, INC.



Principal Place of Business

**633 BAYSHORE DR.
TARPON SPRINGS FL 34689**

Mailing Address

**633 BAYSHORE DR.
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**TSALICKIS, DIMITRIOS
633 BAYSHORE DR.
TARPON SPRINGS FL 34689**

3. Date Incorporated or Changed
08/23/1993

3a. Date of Last Report
08/01/1995

4. FEI Number
59-3202284

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

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 607.0607 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 607.0608, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE

**D
KOKKINOS, KALIOPE
221 N PINELLAS AVE
TARPON SPRINGS FL 34689**

12.2 NAME ☐ DELETE

**D
TSALICKIS, EVIE K
221 N PINELLAS AVE
TARPON SPRINGS FL**

12.3 NAME ☐ DELETE

**D
TSALICKIS, DIMITRIOS
221 N PINELLAS AVE
TARPON SPRINGS FL 34689**

12.4 NAME ☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, STATE, ZIP

21.1 NAME

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY, STATE, ZIP

22.1 NAME

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY, STATE, ZIP

31.1 NAME

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY, STATE, ZIP

41.1 NAME

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY, STATE, ZIP

51.1 NAME

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY, STATE, ZIP

61.1 NAME

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY, STATE, ZIP

62.1 NAME

62.2 NAME

62.3 STREET ADDRESS

62.4 CITY, STATE, 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 included 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 registered or licensed professional empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14, or on an attachment with an address.

SIGNATURE:

Dimitrios Tsalickis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 813(938-1917)
DATE TELEPHONE

CR2E034 (12/95)