

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000064299 (9)**

1. Corporation Name

DRIS PROPERTIES, INC.



Principal Place of Business

**114 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689**

Mailing Address

**114 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **P.O. Box 458**

27 City & State

28 **Tarpon Springs, FL**

29 **34689** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**DRIS, MICHAEL E
114 S. PINELLAS AVENUE
TARPON SPRINGS FL 34688**

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

59-3206686

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. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Michael E. Dris**
82 Street Address (P.O. Box Number is Not Acceptable)
3396 Pinnacle Court S.

83

84 City **Palm Harbor** 85 Zip Code **FL 34684**

11. Pursuant to the provisions of Sections 607.0612 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 607.0509, Florida Statutes.

SIGNATURE

[Signature]

By the Registered Agent Signature required when changing

2-1-94

Date

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	DRIS, MICHAEL E	
3. STREET ADDRESS	114 S. PINELLAS AVENUE	
4. CITY, ST, ZIP	TARPON SPRINGS FL 34689	
5. TITLE	D	☐ DELETE
6. NAME	DRIS, MILTON	
7. STREET ADDRESS	114 S. PINELLAS AVENUE	
8. CITY, ST, ZIP	TARPON SPRINGS FL 34689	
9. TITLE	D	☐ DELETE
10. NAME	KOUSKOUTIS, N. MICHAEL	
11. STREET ADDRESS	114 S. PINELLAS AVENUE	
12. CITY, ST, ZIP	TARPON SPRINGS FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-94

Date

943-8571

Business Phone #

CR2E034 (12/95)