FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:12

DOCUMENT # P94000023634 (6)

1. Corporation Name
KALOGIANIS & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4821 US HWY 19 STE 4 NEW PORT RICHEY FL 34652	4821 US HWY 19 STE 4 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3268924 — 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**

KALOGIANIS, CONSTANTINE
5939 MOCKINGBIRD DR
NEW PORT RICHEY FL 34652

10. **Name and Address of New Registered Agent**

81 Name: Constantine Kalogianis
82 Street Address (P.O. Box Number is Not Acceptable): 4752 Crestknoll Lane
83 New Port Richey, FL 34653
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 607.0505, Florida Statutes.

SIGNATURE ______ 2/17/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

12. **OFFICERS AND DIRECTORS**

TITLE	D
NAME	KALOGIANIS, CONSTANTINE
STREET ADDRESS	5939 MOCKINGBIRD DR
CITY ST ZIP	NEW PORT RICHEY FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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

1 1 TITLE	D	☑ Change ☐ Addition
1 2 NAME	KALOGIANIS, CONSTANTINE	
1 3 STREET ADDRESS	4752 CRESTKNOLL LANE	
1 4 CITY ST ZIP	NEW PORT RICHEY, FLORIDA 34653	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 2/17/95 (813) 848-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Constantine Kalogianis

0364006 CP