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 MAR 28 PM 2:31

DOCUMENT # **S62020** **(0)**

1. Corporation Name
KALOGRIDIS RENTAL CORP.

Principal Place of Business	Mailing Address
15 5TH STREET NW WINTER HAVEN FL 33881	15 5TH STREET NW WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/21/1991	02/25/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 505 Avenue A, N.W.	26 Post Office Box 1378	65-0309073 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Winter Haven, Florida	City & State 28 Winter Haven, Florida	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33881 / 25 USA	Zip / Country 29 33882 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KALOGRIDIS, PETER G. 505 AVENUE A N.W. SUITE 300 WINTER HAVEN FL	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 607.0502 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 _____ (Signature of new registered agent, if being changed) (DATE) (Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	KALOGRIDIS, PETER G	12 NAME	
STREET ADDRESS	1294 MIRROR TERRACE, N.W.	13 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	KALOGRIDIS, TONY	22 NAME	
STREET ADDRESS	371 GREENFIELD ROAD	23 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KALOGRIDIS, TONY	32 NAME	
STREET ADDRESS	371 GREENFIELD RD.	33 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KALOGRIDIS, PETER G.	42 NAME	
STREET ADDRESS	1294 MIRROR TERRACE NW	43 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Peter G Kalogridis Peter G. Kalogridis 03/24/95 813-294-4488
SIGNATURE AND TYPED OR PRINTED NAME OF MANDATORY OFFICER OR DIRECTOR — Date — Telephone #

0318240 CP