

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S62020** (0)

1. Corporation Name

KALOGRIDIS RENTAL CORP.



Principal Place of Business

Mailing Address

**505 AVE A. N.W.
STE 300
WINTER HAVEN FL 33881
US**

**P. O. BOX 1378
WINTER HAVEN FL 33882
US**

3. Date Incorporated or Qualified
06/21/1991

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PTD
KALOGRIDIS, PETER G
1294 MIRROR TERRACE, N.W.
WINTER HAVEN FL**

12 NAME

STREET ADDRESS **VSD** ☐ DELETE

13 STREET ADDRESS

CITY-ST-ZIP **KALOGRIDIS, TONY
371 GREENFIELD ROAD
WINTER HAVEN FL**

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D
KALOGRIDIS, TONY
371 GREENFIELD RD.
WINTER HAVEN FL**

22 NAME

STREET ADDRESS ☐ DELETE

23 STREET ADDRESS

CITY-ST-ZIP **D
KALOGRIDIS, PETER G.
1294 MIRROR TERRACE NW
WINTER HAVEN FL**

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

4.1 TITLE

STREET ADDRESS

42 NAME

CITY-ST-ZIP

43 STREET ADDRESS

TITLE

44 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

5.1 TITLE

STREET ADDRESS

52 NAME

CITY-ST-ZIP

53 STREET ADDRESS

TITLE

54 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

6.1 TITLE

STREET ADDRESS

62 NAME

CITY-ST-ZIP

63 STREET ADDRESS

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)(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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter G. Kalogridis, President

2-6-96

(941) 244-4488

CR2E034 (12/95)