## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 438401 1. Corporation Name

GRECIAN POOL SERVICE, INC.

	POOL SCHMOL, INC.					
Dringing Blace	of Business	Mailing Address			i inntil didde itter (Str. eren deter ust dien ere	
125 TIGER CREEK FOREST 3125 TIGER CREEK FOREST			т			
AKE WALES FL 33853  LAKE WALES FL 33853					DO NOT WRITE IN THIS S	SPACE
					3. Date incorporated or Qualifed	
					10/18/1973	
	(D.::	2a. Mailing Address			4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Ac		<u> </u>			59-1492800	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
27		27			S. Controlle of Olards Dosnoo	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3		28		<del></del>	Trust Fund Contribution	Added to Fees
Zip	Zip Country Zip		Cour	ntry	8. This corporation owes the current year Inta	angible □Yes □No
4	25	29	30		Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent		81 Name	14. Hanne and Maniess of the Hellings	
AA/ETI I	ED EDANKIIN		Ì			·
WELLER, FRANKLIN 3125 TIGER CREEK FOREST			[	82 Street Add	Iress (P.O. Box Number is Not Acceptable)	and the second second
			i	83	· · · · · · · · · · · · · · · · · · ·	
LAKE WALES FL 33853						85 Zip Code
				84 City	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	,   -   -   -   -   -   -   -   -   -
SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	t and title if applicable. (NOT			red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONO/OFFICE TO OFFICE THE	☐ Change ☐ Addition
TITLE	ì P		■ 11 II			
				ì		
NAME	WELLER, FRANKLIN		1.2 N/	AME		
	3125 TIGER CREEK FOREST	Detter	1.2 N/ 1.3 S7	ME REET ADDRESS		Change
NAME STREET ADDRESS CITY-ST-ZIP	ALAS TIOED ODERY FORCET		1.2 N/ 1.3 S7	ME REET ADDRESS TY-ST-ZIP		Change Addition
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90018 005 \*\*\*150.00