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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 460697

(6)

FILED Mar 07 1997 8:00am Secretary of State

ST. AUGUSTINE POOLS, INC.					
rincipal Place of Business 660 US 1 S. IT AUGUSTINE FL 32086	Mailing Address 2660 US 1 S. ST AUGUSTINE FL 3206	36-6191	( IDBNI BIDIR DINI BBAD BANG ADIN	1981 11811 91811 91911 91911 11811 1181	<b>               </b>
			3. Date Incorporated or Qualifie 09/05/1974	d 3a. Date of Last F 02/20/1996	Report
. Principal Piace of Business	2a. Mailing Address		4. FEI Number		pplied For
	26		59-1550438		ot Applicab
State Apt. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional equired
City 8 State	City & State		6. Election Campaign Financing		May Be
]	28		Trust Fund Contribution		to Fees
Zip Country	Zip	Country	8. This corporation has liability t	for intangible tax under s	s. 199.032,
9. Name and Address of Cu	29   rrent Registered Agent	[30]	Florida Statutes  10. Name and Address of New	Yes No	
	intelli negistereti Agent	81 Name	10, Name and Address of New	nogistered Agent	
Dobson, Geoffrey B., ESQ. 77 Bridge Street					
ST. AUGUSTINE FL 32084		82 Street Add	dress (P.O. Box Number is Not Accep	otable)	
OI. AGGGOTINE TE GEGGY		83	10000		·
		84 City		FL 85 Zip	Code
office or registered agent, or both in the 5	State of Fiorida, Such change wa	is authorized by the corpora	ation's board of directors. I hereby ac	cebt the abbolittime it as	
PGNATURE Secretary type the protect name of regions	istagen sed tile dappinable (N	IOTE Registered Agent signature req	uired when reinstating)	DATE	
IGNATURE  Transaction to protect activities register  CFLICERS	od agen, and tille d'applicable (N BIAND DIRECTORS	IOTE Registered Agent signature requ		DATE FICERS AND DIRECTOR	RS IN 12
GNATURE  Start of the probabilistic register  COFFICE HS	istagen sed tile dappinable (N	iO1E Registered Agent signature req 13. 1.1 TiTLE	uired when reinstating)	DATE	RS IN 12
GNATURE  Style Co. 150 - 150 pureled participle registers  COFFICE HS  PT  RUFF, GARY	od agen, and tille d'applicable (N BIAND DIRECTORS	IOTE Registered Agent signature requ	uired when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
GNATURE  Stand to by the probabilism of regions  PT  RUFF, GARY  355 CYPRESS RD  ST AUGUSTINE FL	od agen, and tille d'applicable (N BIAND DIRECTORS	IOTE Registered Agent signature requests.  13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
GNATURE  Stand to the Horpined name of register  PT  RUFF, GARY  355 CYPRESS RD  ST AUGUSTINE FL  VS	od agen, and tille d'applicable (N BIAND DIRECTORS	IOTE Registered Agent signature requests.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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