

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90114 006 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 484682**

1. Corporation Name  
**MERMAID POOLS, INC.**



Principal Place of Business  
**10500 SPRING HILL DR  
 SPRING HILL FL 34608  
 US**

Mailing Address  
**10500 SPRING HILL DR  
 SPRING HILL FL 34608  
 US**

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified  
**09/18/1975**

4. FEI Number  
**59-1395825** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**ROBERT LAVAY  
 10322 USHER STREET  
 SPRING HILL, FLORIDA  
 SPRING HILL FL 34606**

10. Name and Address of New Registered Agent  
 81 Name  
**Robert Richard Lavay**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**415 Hurtig Court**  
 83  
**Port St. Lucie, FL 34983**  
 84 City **Port St. Lucie** 85 Zip Code **FL 34983**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAVAY LIONAL G	
STREET ADDRESS	6123 AVE. OF THE PALMS	
CITY-ST-ZIP	SPRING HILL, FL 33526	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAVAY ROBERT	
STREET ADDRESS	10322 USHER STREET	
CITY-ST-ZIP	SPRING HILL FL 00000 34608	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVEY, ROBERT	
STREET ADDRESS	2505 S. E. CARROLL ST.	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Richard Lavay	
1.3 STREET ADDRESS	415 Hurtig Ct.	
1.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Heather Lavay	
2.3 STREET ADDRESS	1000 Douglas Ave., Apt 170	
2.4 CITY-ST-ZIP	Altomonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	
3.2 NAME	Patricia Underwood	
3.3 STREET ADDRESS	1032 S. Mildred Ave.	
3.4 CITY-ST-ZIP	Brooksville, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TD	
4.2 NAME	Dennis Martin	
4.3 STREET ADDRESS	7356 Lagon Road	
4.4 CITY-ST-ZIP	Spring Hill, FL 34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 561-336-7602  
 Date Daytime Phone #

CR2F034 (11/98)