

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 626668 (8)

95 APR 11 PM 9:19

1. Corporation Name
PATIO POOLS, INC.

Principal Place of Business Mailing Address
**4118 GUNN HWY 4118 GUNN HWY
TAMPA FL 33624 TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/19/1979 04/08/1994

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

24 25 29 30
Zip Country Zip Country

4. FEI Number Applied For
59-1925246 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 has liability for intangible tax under S 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FOSTER, CHARLES P.
4118 GUNN HWY
TAMPA FL 33624**

10. Name and Address of New Registered Agent
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	
TITLE	S
NAME	FOSTER, JOYCE CAROL
STREET ADDRESS	14834 LAKE MAGDALENE CIR
CITY-ST-ZIP	TAMPA FL
TITLE	TVD
NAME	FOSTER, JOYCE CAROL
STREET ADDRESS	14834 LAKE MAGDALENE CIR
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	CLARK, MILDRED
STREET ADDRESS	14832 LAKE MAGDALENE CIR
CITY-ST-ZIP	TAMPA FL
TITLE	PD
NAME	FOSTER, CHARLES P
STREET ADDRESS	14834 LAKE MAGDALENE CIR
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	TREMAINE, MERLE
STREET ADDRESS	408 AZEELE APT #308
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	MESSER, GINA L.
STREET ADDRESS	5703 KNEELAND LN.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTSON JOHN
1.3 STREET ADDRESS	2204 VANDERVOORT RD.
1.4 CITY-ST-ZIP	LUTZ, FL 33549
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 recipient 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: *Joyce Carol Foster* JOYCE CAROL FOSTER 4-5-95 813-962-0879
Date Hybrid 1/95