

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 # **626668** (8)

1. Corporation Name
PATIO POOLS, INC.



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

3. Date Incorporated or Qualified: **06/19/1979** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-1925246** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **4118 GUNN HWY TAMPA FL 33624**
2a. Mailing Address: **4118 GUNN HWY TAMPA FL 33624**
21. Suite, Apt. #, etc.: **4118 GUNN HWY TAMPA FL 33624**
22. City & State: **TAMPA FL**
23. Zip: **33624** Country: **USA**
24. Zip: **33624** Country: **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, CHARLES P.
4118 GUNN HWY
TAMPA FL 33624**

81 Name: **FOSTER, CHARLES P.**
82 Street Address (P.O. Box Number is Not Acceptable): **4118 GUNN HWY TAMPA FL 33624**
83 City: **TAMPA** State: **FL** Zip Code: **33624**

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 officer 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: FOSTER, JOYCE CAROL STREET ADDRESS: 14834 LAKE MAGDALENE CIR TAMPA FL	1.1 TITLE: J. PRESIDENT	NAME: JOHN ROBERTSON STREET ADDRESS: 2204 VANDERVOORT LUTZ, FL 33549
TITLE: TVD	NAME: FOSTER, JOYCE CAROL STREET ADDRESS: 14834 LAKE MAGDALENE CIR TAMPA FL	2.1 TITLE:	NAME:
TITLE: D	NAME: CLARK, MILDRED STREET ADDRESS: 14832 LAKE MAGDALENE CIR TAMPA FL	3.1 TITLE:	NAME:
TITLE: PD	NAME: FOSTER, CHARLES P STREET ADDRESS: 14834 LAKE MAGDALENE CIR TAMPA FL	4.1 TITLE:	NAME:
TITLE: D	NAME: TREMAINE, MERLE STREET ADDRESS: 406 AZEELE APT #308 TAMPA FL	5.1 TITLE:	NAME:
TITLE: V	NAME: MESSER, GINA L. STREET ADDRESS: 5703 KNEELAND LN. TAMPA FL	6.1 TITLE:	NAME:

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 changed, or on an attachment with an address.

SIGNATURE: *Joyce Foster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-23-96** Daytime Phone: **813-962-0374**

CR2E034 (12/95)