

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90238 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 626668**  
 1. Corporation Name  
**PATIO POOLS, INC.**



Principal Place of Business 4118 GUNN HWY TAMPA FL 33624	Mailing Address 4118 GUNN HWY TAMPA FL 33624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1979</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1925246</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, JOYCE CAROL			12 NAME			
STREET ADDRESS	14834 LAKE MAGDALENE CIR			13 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			14 CITY-ST-ZIP			
TITLE	TVD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, JOYCE CAROL			2.2 NAME			
STREET ADDRESS	14834 LAKE MAGDALENE CIR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARK, MILDRED			3.2 NAME			
STREET ADDRESS	14832 LAKE MAGDALENE CIR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, CHARLES P			4.2 NAME			
STREET ADDRESS	14834 LAKE MAGDALENE CIR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TREMAINE, MERLE			5.2 NAME			
STREET ADDRESS	406 AZEELE APT #308			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MESSER, GINA L.			6.2 NAME			
STREET ADDRESS	5703 KNEELAND LN.			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			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: *Gina L. Messer* 2-15-99 813-962-0374  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)