

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sherida B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J53623** (1)

1. Corporation Name
BARB'S POOL SERVICE, INCORPORATED



Principal Place of Business
**1492 MARKET CIR.
MURDOCK FL 33938-0575
US**

Mailing Address
**P. O. BOX 575
MURDOCK FL 33938-0575
US**

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/26/1987 | 3a. Date of Last Report 04/14/1995 |
| 4. FEI Number 59-2768141 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

| | |
|--|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. 1492 MARKET CIR. MURDOCK FL 33938-0575 US | 26. P.O. Box 380575 MURDOCK FL 33938-0575 US |
| 22. State Apt. #, etc. | 27. State Apt. #, etc. |
| 23. City & State | 28. MurdoCK FL |
| 24. Zip | 29. 33938-0575 |
| 25. Country | 30. US |

9. Name and Address of Current Registered Agent

**BARONE, BARBARA A.
21278 COVINGTON AVE
PORT CHARLOTTE FL 33952**

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | FL |
| 85. Zip Code | |

11. Pursuant to the provisions of Sections 607.0402 and 607.1501, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0401, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | D | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARONE, BARBARA A. | 2. NAME | |
| STREET ADDRESS | 21278 COVINGTON AVE | 3. STREET ADDRESS | |
| CITY-STATE-ZIP | PORT CHARLOTTE FL | 4. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY-STATE-ZIP | | 8. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-STATE-ZIP | | 12. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-STATE-ZIP | | 16. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-STATE-ZIP | | 20. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntary, complete and does not qualify for the exemption stated in Section 119.07(6)(a), 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 executor 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 amendment with an address.

SIGNATURE: *Barbara A Barne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)