FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:01

DOCUMENT # P08839 (3)

1. Corporation Name
PADDOCK POOL EQUIPMENT CO., INC.

Principal Place of Business	Mailing Address
555 PADDOCK PARKWAY PO BOX 11676 ROCK HILL SC 29731	PO BOX 11676 ROCK HILL SC 29731 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1986	3a. Date of Last Report: 04/26/1994
4. FEI Number: 14-1467778	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTD	11 TITLE		☐ Change ☐ Addition
NAME	BAKER, WILLIAM H.	12 NAME		
STREET ADDRESS	50 FAIRWAY RIDGE	13 STREET ADDRESS		
CITY-ST-ZIP	CLOVER SC	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	DE ROSE, ROBERT A.	22 NAME		
STREET ADDRESS	1859 SELMA ST.	23 STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL SC	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	Secretary/Director	☐ Change ☒ Addition
NAME	BAKER, MARLENE	32 NAME		
STREET ADDRESS	50 FAIRWAY RIDGE	33 STREET ADDRESS		
CITY-ST-ZIP	CLOVER SC	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	BAKER, DONALD C.	42 NAME		
STREET ADDRESS	14 WOODVINE LANE	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE WYLIE SC	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	GRAVES, C. E.	52 NAME		
STREET ADDRESS	HUNTINGTON PL.	53 STREET ADDRESS		
CITY-ST-ZIP	ROCKHILL SC	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Marlene Baker 2/27/95 803/324-1111
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

MARLENE BAKER, SECRETARY

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