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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032314 (2) 1. Corporation Name CARMANNO POOL & BY PONETRO INC.

FILED Apr 17 1998 8:00am Secretary of State

SWIMMING POOLS BY POWERS, INC. Principal Place of Business Mailing Address 1700 WEST IRWIN COURT 1700 WEST IRWIN COURT CITRUS SPRINGS FL 34434 CITRUS SPRINGS FL 34434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3378658 26 Not Applicable Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zin This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name POWERS, RICHARD 1700 WEST IRWIN COURT Street Address (P.O. Box Number is Not Acceptable) CITRUS SPRINGS FL 34434 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE Addition POWERS, RICHARD 12 NAME NAME 1700 W IRWIN CT 1.3 STREET ADORESS STREET ADDRESS CITRUS SPRINGS FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 ennual 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of or an attachment with an address.

SIGNATURE: //M/W//

Mary and