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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000069162 (0) DOCUMENT # 1. Corporation Name

RITEWAY POOL SERVICE OF MARTIN COUNTY, INC.

FILED Mar 20 1998 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 3. Date Incorporated or 6 08/08/1997 2. Exp. Suite, Apt. #, etc. 3. City & State 3. City & State 3. Country 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 4. Name 4. Street Address (P.O. Box Number is Not 1. Name and Address of Current Registered Agent 2. Street Address (P.O. Box Number is Not 1. Name agent. 1. In the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 5. CERTADORESS 5. Date Incorporated or 0. 0. O.	Applied For Not Applicable seried S8.75 Additional Fee Required sancing \$5.00 May Be Added to Fees or has paid the current year lateralible due June 30. Yes No 1 New Registered Agent Acceptable) FL 85 Zip Code
STUART FL 34994 STUART FL 34994 STUART FL 34994 STUART FL 34994 SUITE, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Signature and Address of Current Registered Agent STUART FL 34994 10. Name and Address of Current Registered Agent STUART FL 34994 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes SIGNATURE SIGNATURE Delete Delete 1.3 STREET ADDRESS	Applied For Not Applicable \$8.75 Additional Fee Required sancing \$5.00 May Be Added to Fees or has paid the current year lateralible due June 30. Yes No May Registered Agent Acceptable) FL 85 Zip Code
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or of Mailing Address 3. Date Incorporation or Sellows 3. Date Incorporation of Sellows 4. City State 4. City State 4. City 4. Date Incorporation Campaign Fire Trust Fund Contribution Owner Personal Property Tax 4. Date Incorporation Owner 4. Country Sellows 4. City 4. Date Incorporation Owner 4. Date Incorporation Campaign Fire Trust Fund Contribution Owner 4. Date Incorporation Owner 4. Country Sellows 4. City 4. City 4. City 4. City 5. Certificate of Status Sellows 6. Election Campaign Fire Trust Fund Contribution Owner 4. Date Incorporation Campaign Fire Trust Fund Contribution Owner 4. Date Incorporation Campaign Fire Trust Fund Contribution Owner 4. Date Incorporation Campaign Fire Trust Fund Contribution Owner 5. Certificate of Status Date Incorporation Owner 5. Certificate of Status Date Incorporation Owner 5. Certificate of Status Date Incorporation Owner 5. Certificate Official Status Date Incorporation Owner 6. Certificate Official Status Date Incorporation Owner 6. Certificate Official Status Date Incorporation Owner 6. Certificate Official	Applied For Not Applicable \$8.75 Additional Fee Required sancing \$5.00 May Be Added to Fees or has paid the current year lateralible due June 30. Yes No May Registered Agent Acceptable) FL 85 Zip Code
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 3. Date Incorporated or 6 08/08/1997 2. Exp. Suite, Apt. #, etc. 3. City & State 3. City & State 3. Country 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 4. Name 4. Street Address (P.O. Box Number is Not 1. Name and Address of Current Registered Agent 2. Street Address (P.O. Box Number is Not 1. Name agent. 1. In the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 5. CERTADORESS 5. Date Incorporated or 0. 0. O.	Applied For Not Applicable \$8.75 Additional Fee Required sancing \$5.00 May Be Added to Fees or has paid the current year lateralible due June 30. Yes No May Registered Agent Acceptable) FL 85 Zip Code
2. Principal Place of Business 2. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Signame and Address of Current Registered Agent BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or printed nerse of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS SIGNATURE STREET ADDRESS SIGNATURE 1390 NW LAKESIDE TRAIL STREET ADDRESS SIGNATURE 1390 NW LAKESIDE TRAIL STREET ADDRESS SIGNATURE 13 STREET ADDRESS	Applied For Not Applicable \$3.75 Additional Fee Required sancing \$5.00 May Be Added to Fees or has paid the current year latergible due June 30. Yes No
28. Mailing Address 28. Mailing Address 28. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. City & State 29. City & State 29. Country 20. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 30. Name and Address of Status 30. Name and Address of Status 31. Name 32. Street Address (P.O. Box Number is Not State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 31. DELETE 1.1 ITILE 32. OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 1.3 STREET ADDRE	Not Applicable ssired \$3.75 Additional Fee Required sancing \$5.00 May Be Added to Fees or has paid the current year lateralible due June 30.
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country A Country B This corporation owes personal Property Tax Personal Property Tax Personal Property Tax Street Address of Current Registered Agent 10. Name and Address of BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 1390 NW LAKESIDE TRAIL STUART FL 34994 140 City 151 Name 161 Name 162 Street Address (P.O. Box Number is Not Beautiful Street Agent of the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of the provision of Sections 607 0505, Florida Statutes, the above-named corporation submits this statement of the provision of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STREET ADDRESS TITLE 13 STREET ADDRESS	Not Applicable ssired \$3.75 Additional Fee Required sancing \$5.00 May Be Added to Fees or has paid the current year lateralible due June 30.
Suite, Apt. #, etc. 27 City & State Country Zip Country As. This corporation owes Personal Property Tex Personal Property Tex 9. Name and Address of Current Registered Agent BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 10. Name and Address of Current Registered Agent 82 Street Address (P.O. Box Number is Not Bagent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and little if applicable (NOTE Registered Agent Signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES STILART EL 24004 STREET ADDRESS STILART EL 24004	esired \$8.75 Additional Fee Required See Requir
City & State Country Zip Country Zip Country Zip Country A Country Signature or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyled or printed name of registered agent and life if applicable OFFICERS AND DIRECTORS INC. City & State Country A. This corporation was Personal Property Tax Personal Property Tax Street Address (P.O. Box Number is Not State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyled or printed name of registered agent and life if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES STREET ADDRESS CITIADT E1 24004 A STREET ADDRESS CITIADT E1 24004	Fee Required Sancing Solo May Be Added to Fees Or has paid the current year provided Acceptable
Trust Fund Contribution Zip Country Zip Country Zip Country 8. This corporation was Personal Property Tax 9. Name and Address of Current Registered Agent 10. Name and Address of BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. There 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 lifte if applicable (NOTE Registered Agent signature required when reinslating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES ITILE NAME STREET ADDRESS 1390 NW LAKESIDE TRAIL 1390 NW LAKESIDE TRAIL 1390 NW LAKESIDE TRAIL 1391 STREET ADDRESS	n Added to Fees or has paid the current year lateralible due June 30. Yes No 1 New Registered Agent Acceptable) State
Zip Country Zip Country Zip Country 8. This corporation owes Personal Property Tax 9. Name and Address of Current Registered Agent 10. Name and Address of BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signeture, typical or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE D DELETE 1.1 TITLE NAME STREET ADDRESS STIART FL 34004	n Added to Fees or has paid the current year lateralible due June 30. Yes No 1 New Registered Agent Acceptable) State
25 29 30 Personal Property Tax 9. Name and Address of Current Registered Agent BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or punted name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STREET ADDRESS 1300 NW LAKESIDE TRAIL 1310 NW LAKESIDE TRAIL	due June 30. Tyes No. 1 New Registered Agent Acceptable) FL 85 Zip Code It for the purpose of changing its registered leby accept the appointment as registered OATE TO OFFICERS AND DIRECTORS IN 12
BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE D DELETE 1.1 TITLE NAME STREET ADDRESS 1390 NW LAKESIDE TRAIL STIADT EI 24004	Acceptable) FL 85 Zip Code it for the purpose of changing its registered aby accept the appointment as registered DATE TO OFFICERS AND DIRECTORS IN 12
BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STUART FL 34994 B1 Street Address (P.O. Box Number is Not B1 B2 Street Address (P.O. Box Number is Not B1 B3 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or punted name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STREET ADDRESS STHADT EL 24004	Acceptable) FL 85 Zip Code It for the purpose of changing its registered aby accept the appointment as registered OATE TO OFFICERS AND DIRECTORS IN 12
1390 NW LAKESIDE TRAIL STUART FL 34994 82 Street Address (P.O. Box Number is Not Bay City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE DELETE 1.1 TITLE 1.3 STREET ADDRESS STUADT EL 24004	TEL 85 Zip Code It for the purpose of changing its registered by accept the appointment as registered DATE TO OFFICERS AND DIRECTORS IN 12
STUART FL 34994 82 Street Address (F.O. Box Number is Not B3 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her 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 life if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS 1.1 TITLE 1.3 STREET ADDRESS STIADT EL 24004	TEL 85 Zip Code It for the purpose of changing its registered by accept the appointment as registered DATE TO OFFICERS AND DIRECTORS IN 12
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her 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 life if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STREET ADDRESS 1.3 STREET ADDRESS	tor the purpose of changing its registered aby accept the appointment as registered DATE TO OFFICERS AND DIRECTORS IN 12
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her 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 liftle if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STREET ADDRESS 1.3 STREET ADDRESS	tor the purpose of changing its registered aby accept the appointment as registered DATE TO OFFICERS AND DIRECTORS IN 12
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemer office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her 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 life if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS 1390 NW LAKESIDE TRAIL 1390 NW LAKESIDE TRAIL STREET ADDRESS	tor the purpose of changing its registered aby accept the appointment as registered DATE TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Nyted or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS STILADT EL 24004	t for the purpose of changing its registered aby accept the appointment as registered DATE TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Nyted or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS	DATE TO OFFICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME BELL, WILLIAM J 1390 NW LAKESIDE TRAIL STREET ADDRESS CT LADT EL 24004	TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE NAME BELL, WILLIAM J STREET ADDRESS 1390 NW LAKESIDE TRAIL 13 STREET ADDRESS STI LADT EL 24004	
TITLE NAME BELL, WILLIAM J STREET ADDRESS STILARY EI 24004 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS STILARY EI 24004	
STREET ADDRESS 1390 NW LAKESIDE TRAIL 1.3 STREET ADDRESS 1.3 STREET ADDRESS	
CTIADT EL 24004	
STIART FI 34004	
CITY-ST-ZIP STOART FE 04894 14 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change Addition
NAME 22 NAME	j
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	13 W
TITLE DELETE 3.1 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	ļ
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE	Change L Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
	☐ Change ☐ Addition
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition

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 coreiver or trustoe 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.