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 JUN -1 AM 9:01

DOCUMENT # 446659 (5)

1. Corporation Name
EDISON OIL COMPANY

Principal Place of Business
3006 PALM BEACH BLVD.
FT MYERS FL 33916

Mailing Address
3006 PALM BEACH BLVD.
FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1974
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1512831 ☐ 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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EAKINS, ELIZABETH A. 3006 PALM BCH. BLVD. FT. MYERS FL 33901	81 Name: EAKINS SR. WALTER E 82 Street Address (P.O. Box Number is Not Acceptable): 3006 PALM BEACH BLVD 83 84 City: Ft Myers FL 85 Zip Code: 33916

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: Walter E Eakins Sr. DATE: 5/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EAKINS, SR. WALTER E.	1.2 NAME	
STREET ADDRESS	13890 SLEEPY HOL LN SE	1.3 STREET ADDRESS	
CITY ST ZIP	FT MYERS SHORES,FL 00000	1.4 CITY ST ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	HENSHAW, JR., DONALD M.	2.2 NAME	
STREET ADDRESS	11512 TIMBERLINE CIR	2.3 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	EAKINS, ELIZABETH	3.2 NAME	Eakins, Sr Walter E
STREET ADDRESS	13890 SLEEPY HOL LN SE	3.3 STREET ADDRESS	13890 Sleepy Hollow LN SE
CITY ST ZIP	FT. MYERS SHORES FL	3.4 CITY ST ZIP	Ft Myers, FL 33905
TITLE	DVS	4.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, ROBERT H.	4.2 NAME	
STREET ADDRESS	3124 RIVER GROVE CIR.	4.3 STREET ADDRESS	
CITY ST ZIP	FT MYERS SHORES,FL 00000	4.4 CITY ST ZIP	
TITLE	DVT	5.1 TITLE	☐ Change ☐ Addition
NAME	EAKINS, JR WALTER E	5.2 NAME	
STREET ADDRESS	2206 HAVANNA AVE S E	5.3 STREET ADDRESS	
CITY ST ZIP	FT MYERS SHORES,FL 00000	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 the 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: Walter E Eakins Sr — WALTER E. EAKINS SR. 5/30/95 813-334-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003006 CP

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **448016** **(6)**

1. Corporation Name
DANNY POOLS INC.

Principal Place of Business	Mailing Address
2601 NW 18 TERRACE **MIAMI FL 33125**	**PO BOX 351147** **MIAMI FL 33125-1147** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1974**	3a. Date of Last Report: **03/15/1994**
4. FEI Number: **59-1541097**	☐ 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
8. *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

RODRIGUEZ, MRS MARIA C
2601 NW 18 TERRACE
SUITE 109
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
10 TITLE	V	11 TITLE	☐ Change ☑ Addition
11 NAME	IMBERT, RAFAEL A	12 NAME	N/R Nardo D. Rodriguez
12 STREET ADDRESS	14435 SW 95 LANE	13 STREET ADDRESS	2401 N. W. 18 Terrace
13 CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	Miami - FL. 33125
20 TITLE	ST	21 TITLE	☐ Change ☐ Addition
21 NAME	RODRIGUEZ, MARIA C.	22 NAME	
22 STREET ADDRESS	2601 NW 18TH TERRACE	23 STREET ADDRESS	
23 CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
30 TITLE		31 TITLE	☐ Change ☐ Addition
31 NAME		32 NAME	
32 STREET ADDRESS		33 STREET ADDRESS	
33 CITY ST ZIP		34 CITY ST ZIP	
40 TITLE		41 TITLE	☐ Change ☐ Addition
41 NAME		42 NAME	
42 STREET ADDRESS		43 STREET ADDRESS	
43 CITY ST ZIP		44 CITY ST ZIP	
50 TITLE		51 TITLE	☐ Change ☐ Addition
51 NAME		52 NAME	
52 STREET ADDRESS		53 STREET ADDRESS	
53 CITY ST ZIP		54 CITY ST ZIP	
60 TITLE		61 TITLE	☐ Change ☐ Addition
61 NAME		62 NAME	
62 STREET ADDRESS		63 STREET ADDRESS	
63 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 addition.

SIGNATURE: _____ 5-25-95 433-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430067 FP