FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M66323** **(0)**

1. Corporation Name

PLEASURE TIME POOLS, INC.

Principal Place of Business	Mailing Address
401 AMELIA CIRCLE TALLAHASSEE FL 32304 MOVED	401 AMELIA CIRCLE TALLAHASSEE FL 32304 MOVED

3. Date Incorporated or Qualified: **01/29/1988**
3a. Date of Last Report: **02/23/1995**

2. Principal Place of Business	2a. Mailing Address
21 5168 Pimlico DR.	26 Pleasure Time Pools Inc
Suite, Apt. #, etc 22 TALLAHASSEE FL.	Suite, Apt. #, etc. 27 5168 Pimlico Dr.
City & State 23	City & State 28 TALL. FL.
Zip 24 32308-2400 Country 25 LEON	Zip 29 32308-2400 Country 30 LEON

4. FEI Number: **59-2875727** ☐ 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. 190.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOBBINS, DANIEL W.
101 NORTH GADSDEN STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of individual with authority to sign on behalf of corporation NOTE: Registered Agent Signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	DEVEER, JOSEPH B.L., JR.	1.2 NAME	JOSEPH B.L. DeVEER JR
STREET ADDRESS	401 AMELIA CIRCLE	1.3 STREET ADDRESS	5168 Pimlico Dr.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308-2403
TITLE	DVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHUMAN, MICHAEL JEFFREY	2.2 NAME	
STREET ADDRESS	903 BUENA VISTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHUMAN, MICHAEL JEFFREY	3.2 NAME	
STREET ADDRESS	903 BUENA VISTA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	700001869927
STREET ADDRESS		4.3 STREET ADDRESS	-06/20/96--01069--032
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	800001869928
STREET ADDRESS		5.3 STREET ADDRESS	-06/20/96--01069--033
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***25.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Joseph B.L. DeVeer Jr. President Joseph B.L. DeVeer Jr. 5-20-96 904-874-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #