

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031536

Entity Name: FIBERGLASS SWIMMING POOLS, INC.

Current Principal Place of Business:

519 SO. LEONA AVE
LECANTO, FL 34461

Current Mailing Address:

519 SO. LEONA AVE
LECANTO, FL 34461 US

FEI Number: 20-4054649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AULT, LINDA GP
519 SO. LEONA AVE
LECANTO, FL 34461 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name AULT, LINDA G
Address 519 SO. LEONA AVENUE
City-State-Zip: LECANTO FL 34461

Title V
Name AULT, ROBERT C
Address 519 SO. LEONA AVE
City-State-Zip: LECANTO FL 34461

Title S
Name AULT, LINDA G
Address 519 SO. LEONA AVE
City-State-Zip: LECANTO FL 34461

Title T
Name AULT, LINDA G
Address 519 SO. LEONA AVE
City-State-Zip: LECANTO FL 34461

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA AULT

P

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date