

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 208014 (1)

1. Corporation Name

ATLANTIC POOL MAINTENANCE INC



Principal Place of Business

P O BOX 3727
403 S. 3RD ST
LANTANA FL 33465-0727

Mailing Address

P O BOX 3727
403 S. 3RD ST
LANTANA FL 33465-0727

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAVIDSON, OLIVER W.
10205 SEAGRAPE WAY
PALM BEACH GARDENS FL 33418

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 607.05(2) and 607.15(6), 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 607.05(6), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE

PD
DAVIDSON, OLIVER
10205 SEAGRAPE WAY
PALM BEACH GARDEN FL
D
DAVIDSON, NANCY S.
10205 SEAGRAPE WAY
PALM BEACH GARDEN FL
D
DAVIDSON, DAWN M.
1642 SW 16TH ST
GAINESVILLE FL
D
DAVIDSON, DEANNIE
10205 SEAGRAPE WAY
PALM BCH GDNS FL
D
DAVIDSON, DANIEL
10205 SEAGRAPE WAY
PALM BCH GDNS FL
D
GALLAGHER, PETER R
916 PALAMA WAY
LANTANA FL

☐ DELETE

☐ DELETE

☒ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

D. W. Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

407-582-1830

CR2E034 (12/95)