

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **276779** (6)

1. Corporation Name
AARON & DOUGLAS POOL SERVICE INC

Principal Place of Business
**735 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415**

Mailing Address
**735 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-3905**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/26/1963	3a. Date of Last Report 01/23/1996
4. FEI Number 59-1036945		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			

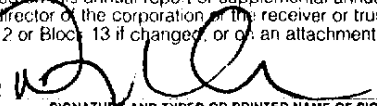
9. Name and Address of Current Registered Agent AARON, DAVID E 744 BONNIE LANE WEST PALM BEACH FL 33415		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AARON, DANNY L.	1.2 NAME	
STREET ADDRESS	735 SOUTH MILITARY TR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AARON, DAVID E	2.2 NAME	
STREET ADDRESS	744 BONNIE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, HOWARD C	3.2 NAME	
STREET ADDRESS	13662 CALLINGTON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SALFELDER, RONALD F.	4.2 NAME	
STREET ADDRESS	10350 SERENADE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	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
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 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:  **DANNY L. AARON** 1-22-97 561-642-7006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)