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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 276779 (6)

1. Corporation Name
AARON & DOUGLAS POOL SERVICE INC

Principal Place of Business	Mailing Address
~~705 SOUTH MILITARY TRAIL~~ ~~WEST PALM BEACH FL 33415~~	~~705 SOUTH MILITARY TRAIL~~ ~~WEST PALM BEACH FL 33415~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1963

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21	4475 Park Ln	26	P.O. Box 18828
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State	West Palm Bch, Fl	28 City & State	West Palm Bch, Fl
24 Zip	33406	29 Zip	33416-8828
25 Country	Palm Bch	30 Country	P.B.

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	Aaron, David E.
82 Street Address (P.O. Box Number is Not Acceptable)	12510 Orange Grove Blvd
83	
84 City	Royal Palm Beach FL
85 Zip Code	33411

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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	PS	☑ Change ☐ Addition
NAME	AARON, DANNY L.		1.2 NAME	Aaron, Danny L.	
STREET ADDRESS	~~705 SOUTH MILITARY TR.~~		1.3 STREET ADDRESS	3636 D Rd	
CITY-ST-ZIP	~~W PALM BCH FL~~		1.4 CITY-ST-ZIP	Loxahatchee, Fl 334[illegible]	
TITLE	D	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	AARON, DAVID E		2.2 NAME	Aaron, David E.	
STREET ADDRESS	~~744 BONNIE LANE~~		2.3 STREET ADDRESS	12510 Orange Grove Blvd.	
CITY-ST-ZIP	~~W PALM BCH, FL 33333~~		2.4 CITY-ST-ZIP	Royal Palm Beach, Fl 33411	
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	VT	☑ Change ☐ Addition
NAME	SALFELDER, RONALD F.		4.2 NAME	Salfelder, Ronald F.	
STREET ADDRESS	~~10850 SERENADE LANE~~		4.3 STREET ADDRESS	1946 Stalmford Cir.	
CITY-ST-ZIP	~~ROYAL PALM BCH FL~~		4.4 CITY-ST-ZIP	Wellington, Fl 33414	
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		

CR2E034 (10/97)

14. I 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: [illegible] Danny L. Aaron [illegible]