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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 336923

1. Corporation Name

LAGASSE POOL CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

2877 WEST BROWARD BLVD.  
FORT LAUDERDALE FL 33312

SAME

3. Date Incorporated or Qualified  
10/24/68

3a. Date of Last Report  
1996

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

4. FEI Number

59-1223374

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

10. Name and Address of New Registered Agent

WILLIAM G. LAGASSE JR.  
5026 NW 47TH AVENUE  
COCONUT CREEK FL 33073

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  
officer 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 of officer or registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY-ST-ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY-ST-ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY-ST-ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-ST-ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY-ST-ZIP

11.25 TITLE

11.26 NAME

11.27 STREET ADDRESS

11.28 CITY-ST-ZIP

11.29 TITLE

11.30 NAME

11.31 STREET ADDRESS

11.32 CITY-ST-ZIP

11.33 TITLE

11.34 NAME

11.35 STREET ADDRESS

11.36 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-ST-ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. LAGASSE JR. PRESIDENT

5/5/97

Date

(954) 587-1000

Daytime Phone #

CR2E034 (9/96)