

**CORPORATION  
ANNUAL REPORT  
1995**

**Florida & Alachua  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

**95 APR 27 AM 10:59**

**DOCUMENT # 351860 (2)**

1. Corporation Name  
**CENTRAL FLORIDA SWIMMING POOLS, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**506 SOUTH MAGNOLIA AVENUE 506 SOUTH MAGNOLIA AVENUE  
OCALA FL 34474 Ocala FL 34474**

3. Date Incorporated or Qualified **09/08/1969** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **59-1273808** Applied For   
Not Applicable

**22** City & State **27** City & State

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**23** Zip **28** Zip

6. Election Campaign Financing  **\$5.00 May Be  
Added to Fees**

**24** Country **25** Country **29** Country **30** Country

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

**GEORGE E VAZQUEZ  
506 SO. MAGNOLIA AVE.  
OCALA FL 34474**

**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 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                      | <b>PVT</b>                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VAZQUEZ, GEORGE E.</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1717 NE 38TH AVE.</b>  | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>OCALA FL</b>           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>S</b>                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VAZQUEZ, KENNETH M</b> | 2.2 NAME  |   |
| STREET ADDRESS             | <b>5338 NE 23RD AVE.</b>  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>OCALA FL</b>           | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 3.2 NAME  |   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME  |   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Kenny Vazquez **KENNY VAZQUEZ** 4.24.95 904-629-7721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Home #)