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**Secretary of State** 

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 355509

1. Corporation Name

RID MARKERT POOLS, INC.

Principal Place of Business 2336 SEVEN SPRINGS BOULEVARD NEW PORT RICHEY FL 34655   22 Principal Place of Business 22 Adalling Address 23 La. Mailing Address 24 Sulte, Apt. #, etc. 25 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 28 Sulte, Apt. #, etc. 29 Country 29 Country 20 Country 21 Sulte Country 29 Country 29 Country 29 Country 29 Country 20 Sulte, Apt. #, etc. 30 Section Campaign Financing Statutes. From Sulter Address Sulter Address Sulter		WINCELL LOOP OF THE CONTRACT O									
NEW PORT RICHEY FL 34655  2. Principal Place of Business 2. Adailing Address 2. Principal Place of Business 2. Adailing Address 2. Ell Number 59-1287290  Not Applied For 59-1287290  Not Applied For 59-1287290  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. December 2. State 2. City & State 2. City & State 2. December 2. State 3. City 3. State 2. City & State 2. December 3. State 3. City 4. State 4. City 4. State 4. City 4. State 5. Certificate of Status Desired 5. State 5. Certificate of Status Desired 5. State 6. Election Campaign Financing 7. Added to Fees 6. December 3. State 6. Election Campaign Financing 7. Added to Fees 6. Election Campaign Financing 8. State 6. Election Campaign Financing 9. State 6. Election Campaign Financing	Principal Place of Business Mailing Address							4 106100 (1101 91/E) E(101 01141 0E1			
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. 4. FEI Number 59-1287290 59	2336 SEVEN SPRINGS BOULEVARD 2336 SEVEN SPRINGS BOI							DO NOT WRIT	E IN THIS :	SPACE	
Suite, Apt. #, etc.   Sc. Certificate of Status Desired   \$8.8.75 Additional Fee Required   Statute		-					3.	•			,
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal I	Place of Business	2a. Mailing Address				4.	FEI Number		Apr	olied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	21		26					59-1287290		Not	Applicable
City & State		t. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			1_	O difference of Chatter Decimal	П	\$8.75 A	dditional
City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  S. This corporation owes the current year Intangigle Personal Property Tax.  Wark  MARKERT, FREDERICK J.  2123 STOCKMAN RD  NEW PORT RICHEY FL 34655  R4 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typad or printed name of registered agent and title if applicable.  NAME  MARKERT, PAULA J  SIRRET ADDRESS  CITY-ST-ZIP  TITLE  D Change Addition  Added to Fees  Trust Fund Contribution  Toust Fund Contribution  Added to Fees  Trust Fund Contribution  Anded to Fees  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  Anded Statutes  Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  FL 85 Zip Code  FL 85 Zip Code  TITUST Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  TITUST Street Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  Turst Fund Contribution  New Port Richery FL 85 Zip Code  Turst Fund Contribution  New Port Richery FL 11 TITUST Street Address (P.O. Box Number is Not Acceptable)  Turst Fund Contribution  New Port Richery FL 85 Zip Code  Turst Fund Contribution  New Port Richery FL 85 Zip Code  Turst F	22		27	27			5.	Certificate of Status Desired	U	Fee Red	quired
Zip Country Zip Country		ate					6.	Election Campaign Financing		\$5.00	May Be
Zip Country Zip Country Zip Country Agent Set Set Set Set Set Set Set Set Set Se									- 11		
28		Country	Zip	Coun	itry		8.	This corporation owes the curre	nt year Inta	ngible	
9. Name and Address of Current Registered Agent  MARKERT, FREDERICK J. 2123 STOCKMAN RD NEW PORT RICHEY FL 34655  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 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  WTS  MARKERT, PAULA J  STREET ADDRESS CITY-ST-ZIP  TITLE  D Change Addition		25	29	30			}	Personal Property Tax.		Yes	□No
MARKERT, FREDERICK J. 2123 STOCKMAN RD NEW PORT RICHEY FL 34655  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 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, 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 NAME MARKERT, PAULA J STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 1.4 CITY-ST-ZIP  TITLE D Change Addition			nt Registered Agent				10.	Name and Address of New R	egistered A	\gent	
2123 STOCKMAN RD NEW PORT RICHEY FL 34655  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 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 SIgnature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE VTS MARKERT, PAULA J 12 NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 1.4 CITY-ST-ZIP  TITLE D Change Addition					81	Name					
NEW PORT RICHEY FL 34655  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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NAME  MARKERT, PAULA J  STREET ADDRESS  CITY-ST-ZIP  NEW PORT RICHEY FL  TITLE  D Change Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition	MARKERT, FREDERICK J.				-	Street Addre	ec /D	O. Boy Number is Not Accepta	nie)	<del></del>	
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS IN 12  TITLE VTS NAME MARKERT, PAULA J STREET ADDRESS CITY-ST-ZIP  TITLE D  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  L1 TITLE L1 TITLE L2 Change Addition  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  TITLE D  Change Addition  Addition  14 CITY-ST-ZIP  TITLE D  Change Addition	office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	ithonzed	DV I	tne corporatior	ratior n's bo	submits this statement for the lard of directors. I hereby accep	ourpose of o	changing its itment as reg	registered pistered
TITLE	SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered A	<b>Age</b> nt	t signature required					
NAME MARKERT, PAULA J 12 NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 1.4 CITY-ST-ZIP  TITLE D Change Addition	12.							ADDITIONS/CHANGES TO OFF	ICERS ANI		
STREET ADDRESS CITY-ST-ZIP TITLE  2123 STOCKMAN RD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 3.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 Change Addition	TITLE	1	☐ DELETE							☐ Change	☐ Addition
CITY-ST-ZIP         NEW PORT RICHEY FL         1.4 CITY-ST-ZIP           TITLE         D         DELETE         2.1 TITLE         Change         Addition	NAME	MARKERT, PAULA J		1.2 NAA	νE						
TITLE D DELETE 2.1 TITLE Change Addition	STREET ADDRESS	s 2123 STOCKMAN RD		1.3 STR	REET	ADDRESS					ļ
TITLE D Change Addition	CITY-ST-ZIP	NEW PORT RICHEY FL		1,4 CIT	Y-ST	r-zip _					
		D	DELETE	2.1 TITLE						Change	☐ Addition
NAME MARKERT, MARJORIE 22 NAME		MARKERT, MARJORIE		2.2 NAME							
STREET ADDRESS 228 41ST AVE 2.3 STREET ADDRESS	NAME	000 440T AVE		2.3 STREET		ADDRESS					
OT DETE BOULEI		s 228 4151 AVE		2.3 STR	REET				•		
Change T Addition	STREET ADDRES	- 1				T-ZIP		•	•		
		ST PETE BCH. FL	<b>™</b> DELETE	2. 4 CIT	Y-\$1	T-ZIP		#· # -:	•	Change	☐ Addition
ALOO OTOOMAN DD	STREET ADDRES CITY-ST-ZIP	ST PETE BCH. FL.	<b>™</b> DELETE	2. 4 CIT 3.1 TITL	Y-SI LE	T-ZIP		e e	•	Change	Addition
NEW PORT DICHEV CI	STREET ADDRES CITY-ST-ZIP TITLE NAME	ST PETE BCH. FL. STD. MARKERT, PAULA J	<b>™</b> DELETE	2. 4 CIT 3.1 TITL 3.2 NAM	Y-ST LE ME			e - ·		Change	☐ Addition
Chases Addition	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	ST PETE BCH. FL STD MARKERT, PAULA J 2123 STOCKMAN RD	<b>™</b> DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STF	Y-ST LE ME REET	ADDRESS		e - ·	•	Change	☐ Addition
	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	ST PETE BCH. FL STD MARKERT, PAULA J 2123 STOCKMAN RD NEW PORT RICHEY FL		2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4, CIT	TY-ST LE ME REET TY-ST	ADDRESS		#· # - ·			Addition
	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	ST PETE BCH. FL STD MARKERT, PAULA J 2123 STOCKMAN RD NEW PORT RICHEY FL		2.4 CIT 3.1 TITU 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITU	Y-SI LE ME REET Y-SI LE	ADDRESS		#· # -·			

BROOKSVILLE, FL 34613 CITY-ST-ZIP 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, Thereby 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 one an attachment with an address, with all other like empowered.

4,4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

**NEW PORT RICHEY FL** 

DELETE

DELETE

1/1/99 727.376-1917 Date 727.376-1917

Change

☐ Change

Addition

Addition

Markert, Frederick, J.

2123 Stockman Rd. Vew Port Richey, Fl.

President

VICE Prosident