FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:20

DOCUMENT # 389603 (2)

1. Corporation Name
SOUTHEASTERN POOLS, INC.

Principal Place of Business
8935 MACARTHUR CT
JACKSONVILLE FL 32216

Mailing Address
8935 MACARTHUR CT
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1971
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-1312782 — 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

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

8. This corporation has liability for intangible tax under s. 199.000 Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CALVERT,RICHARD ALLEN
8935 MCARTHUR CT
JACKSONVILLE FL 32216

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

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALVERT,RICHARD ALLEN
STREET ADDRESS	8935 MCARTHUR CT.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	S
NAME	CALVERT,WANETA RUTH
STREET ADDRESS	8935 MCARTHUR CT.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	T
NAME	DAVIS, JAMES KENNETH
STREET ADDRESS	6837 SANORA DR NORTH
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (entries blank)

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 119.07(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: Richard Allen Calvert — Richard Allen Calvert 904-641-4559
6-26-95

0010080 CP