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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

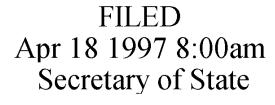
(2)

SHEA POOL AND HOME SERVICES, INC.

Principal Place of Business

102 CAMPHOR TREE LANE ALTAMONTE SPRINGS FL 32714 Mailing Address

102 CAMPHOR TREE LANE ALTAMONTE SPRINGS FL 32714-5802





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Ļ				· · · · · · · · · · · · · · · · · · ·						04/1972		04/	<u>/26/199</u>			_	
	Principal Place of Business				2a. Mailing Address				4	4. FEI Number				Applied For			
21				[26]	. 4					5	9-1278568					pplicable	4
<u></u>	Suite, Apt.	#, etc.		-	Suite, Apt. #, etc.				5	. Cert	ificale of Status D	esired		\$8.7			ı
22	City & State				City & State										Requi		
23				-	28				6	6. Election Campaign Financing Trust Fund Contribution					\$5.00 May Be Added to Fees		
23	Zip		Country	28]	Zip	Cou	rdry										{
24	Zip		25	29	249	30	, у		8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes X Yes No X						9.032,	ĺ	
9, Name and Address of Current									10. Name and Address of New Registered Agent								
SHEA, DANIEL C																	1
102 CAMPHOR TREE LANE																	
ALTAMONTE SPGS FL 32714								Streel Address (P.O. Box Number is Not Acceptable)									
ALIAMONIE OPUS PL 32/14																	-
							84	City					FL	85 Z	ip Cod	c	
11	. Pursuant	to the provis	ions of Sections 60	07.0502 and 6	07.1508, Florida Sta	lules, the at	oove	-named	corporati	on sub	mits this statemen	it for the pur	rpose of	changin	a its re	aistered	-
	office or r	egistered ad	ent, or both, in the	State of Florid	ia. Such change wa . Section 607.0505,	is authorized	d by	the corr	poration's	board	of directors. I her	eby accept	the app	ointment	as reg	slered	
١	•	III I BII III I I I I I I I I I I I I I	in, and accept the	Obligations of	, accion our boos,	rionaa siai	uica	•									
SI	GNATURE	Signature, typed	or printed name of regist	ered agent and life	r apalicable (A	IO1E Registered	1 Age	4 signature	required wis	on reinste	ing)		OATE				1
12	<u>. </u>		OFFICE	S AND DIREC	CTORS	13.	- -			ADD!	TIONS/CHANGES	TO OFFICE	RS AND	DIRECT	ORS II	V 12	ିହ
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NAME SHEA, DANIEL C				1,2 N		ME										72	
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Tit	LE	TD			☐ DELFTE		2.1 TALF							Chang	je 🗀	Addition	70
NA	ME	SHEA, D	AVID DANIEL			2.2 NA	ME										1
STA	REET ADDRESS	102 CAN	APHOR TREE LA	NE		2.3 ST	RECT.	ADDRESS		_							
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STF	REET ADDRESS					6 3 ST	HEET A	ADDRESS									
City-st-zip					6.4 CIT						110 07(3\(i) Elevis		17 3				_
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this annual report is rue 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.

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