

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 417862 (0)

1. Corporation Name
KEY BISCAYNE POOL SERVICE, INC.



Principal Place of Business

Mailing Address

~~216 BUTTWOOD~~
P O BOX 490115
KEY BISCAYNE FL 33149

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P O BOX 490115
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified
01/31/1973

3a. Date of Last Report
10/09/1995

2. Principal Place of Business

2a. Mailing Address

21 420 Falcon Ave.

26

4. FEI Number

59-1449872

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami Springs, Florida

28

Zip

Country

Zip

Country

24 33166

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KELSEY, TIMOTHY~~
3185 CENTER ST #2
COCONUT GROVE FL 33133

81 Name
Steve Huddleston

82 Street Address (P.O. Box Number is Not Acceptable);

420 Falcon Ave.

83

84 City
Miami Springs

FL

85 Zip Code
33166

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 607.1502, Florida Statutes.

SIGNATURE *Steve Huddleston*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KELSEY, TIMOTHY H
STREET ADDRESS 3185 CENTER ST #2
CITY-ST-ZIP COCONUT GROVE FL

☒ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director ☐ Change ☒ Addition

1.2 NAME Steve Huddleston

1.3 STREET ADDRESS 420 Falcon Ave.

1.4 CITY-ST-ZIP Miami Springs, FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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: *Steve Huddleston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)