

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

FILED

Feb 07 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 420338 (6)

1. Corporation Name
ARTISTIC POOLS OF FLA INCPrincipal Place of Business
2841 ROOSEVELT BLVD.
CLEARWATER FL 34620Mailing Address
2841 ROOSEVELT BLVD.
CLEARWATER FL 34620-19293. Date Incorporated or Qualified
03/05/1973
3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1469464

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

GRANESE, ANTHONY P
1014 DREW ST
CLEARWATER FL 34615

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

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 ~~DP~~ ☒ DELETE
NAME ~~SKIFSTAD, WILLARD H~~
STREET ADDRESS ~~40 LAUREL OAK CT~~
CITY - ST - ZIP ~~PALM HARBOR FL~~1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME SKIFSTAD, CHARLOTTE D.
1.3 STREET ADDRESS 3010 BROOKFIELD LANE
1.4 CITY - ST - ZIP CLEARWATER, FL 34621TITLE ~~VD~~ ☐ DELETE
NAME DRUMMOND, MICHAEL
STREET ADDRESS 1806 OAKMONT COURT
CITY - ST - ZIP SAFETY HARBOR FL2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME DRUMMOND, MICHAEL
2.3 STREET ADDRESS 1806 OAKMONT COURT
2.4 CITY - ST - ZIP SAFETY HARBOR, FLTITLE STD ☐ DELETE
NAME GOMEZ, JAMES
STREET ADDRESS 2632 ENTERPRISE RD E A24
CITY - ST - ZIP CLEARWATER FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GOMEZ, BARBARA G.
3.3 STREET ADDRESS 2632 ENTERPRISE RD E A24
3.4 CITY - ST - ZIP CLEARWATER, FL 34619TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME DRUMMOND, DONNA R.
4.3 STREET ADDRESS 1806 OAKMONT COURT
4.4 CITY - ST - ZIP SAFETY HARBOR, FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James A. Gomez* (JAMES A. GOMEZ,) 2-1-97 (83) 536-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PREPARED BY DATE DAYTIME PHONE #

CR2E034 (9/96)