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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 424308 (5)

1. Corporation Name

PLATO'S POOL SERVICE, INC.



Principal Place of Business

16130 BOYETTE ROAD  
RIVERVIEW FL 33569

Mailing Address

16130 BOYETTE ROAD  
RIVERVIEW FL 33569

3. Date Incorporated or Qualified  
04/24/1973

3a. Date of Last Report  
04/07/1995

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLATO, KENNETH  
16130 BOYETTE ROAD  
RIVERVIEW FL 33569

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 PD  
NAME PLATO, KENNETH  
STREET ADDRESS 16130 BOYETTE ROAD  
CITY - ST - ZIP RIVERVIEW FL

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

TITLE ST  
NAME PLATO, EVELYN  
STREET ADDRESS 16130 BOYETTE ROAD  
CITY - ST - ZIP RIVERVIEW FL

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

TITLE D  
NAME LUTZ, RAYMOND  
STREET ADDRESS 16128 BOYETTE RD.  
CITY - ST - ZIP RIVERVIEW FL

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  
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)(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:

Kenneth Plato

(Signature and typed or printed name of signing officer or director)

3/7/96

Date

813-685-1177

Daytime Phone #

CR2E034 (12/95)