1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 447778 1. Corporation Name

PENGUIN POOLS, INC.

Principal Place of Business

1610 S E 47TH ST

Mailing Address

1610 S E 47TH ST

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90012 001 \*\*\*150.00

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CAPE CORAL FL 33904		CAP	CAPE CORAL FL 33904			DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed 03/18/1974			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For	
1		26				59-1513587	Γ-	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired -	\$8.75 Additional Fee Required		
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution		<b>00</b> May Be led to Fees	
Zip	Country 25	29	Zip Country		This corporation owes the current year In     Personal Property Tax.	tangible X Yes	□No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
THOMA	S E DRASITES			81 1	Name	<del></del>			

202 DEL PRADO BLVD. CAPE CORAL FL 33904

}	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FI 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.

IGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	equired when reinstating) DATE	
2.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TLE :	P	DELETE	1.1 TITLE	Change	☐ Addition
_ }	COSDEN, GARY		1.2 NAME		
::1 ADDRESS	1207 SW 19TH LANE		1.3 STREET ADDRESS		
ST-ZiP	CAPE CORAL, FL 00000		1.4 CITY-ST-ZIP		
	ST	☐ DELETE	2,1 TITLE	☐ Change	☐ Addition
	SMITH, COSDEN J		2.2 NAME		
· :LADDRESS		to the second second	2.3 STREET ADDRESS		
ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
		□ DELETE	3.1 TILE	☐ Change	Addition
		•	3.2 NAME		
; ADDRESS			3.3 STREET ADDRESS	'	Ì
ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>	
		DELETE	4.1 TITLE	☐ Change	Addition
_			4.2 NAME		
i address	, •		4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
		□ DELETE	5.1 TITLE	☐ Change	☐ Addition
-			5,2 NAME		
, ADDRESS	! !		5.3 STREET ADDRESS	•	
ST-ZIP	· ·		5.4 CITY-ST-ZIP		
		DELETE .	6.1 TATLE	Change	☐ Addition
	(Santon)	·	6.2 NAME		:
_+ ADDRESS	The state of the s	1	6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP	·	

Thereby 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 efficer 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

542-3410