

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 14 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 484682 (0)

1. Corporation Name
MERMAID POOLS, INC.

Principal Place of Business
10506 SPRING HILL DR
SUITE A
SPRING HILL FL 34608
US

Mailing Address
10506 SPRING HILL DR
SUITE A
SPRING HILL FL 34608
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/18/1975

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1395825

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

6. This corporation has liability for intangible tax under S. 194.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

JEAN ANN LAVAY
6047 APPELEGATE DRIVE
SPRING HILL, FLORIDA
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name
ROBERT LAVAY

82 Street Address (P.O. Box Number is Not Acceptable)
6047 APPELEGATE DRIVE

83

84 City
SPRING HILL, FLORIDA FL 85 Zip Code
34606

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 *Robert Lavay*
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

5-395
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
LAVAY DONALD G.
6129 AVE OF THE PALMS
SPRING HILL, FL 34626

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
LAVAY ROBERT
6047 APPELEGATE DR
SPRING HILL FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
LAVAY JEAN ANN
6047 APPELEGATE DR
SPRING HILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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)(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: *Robert Lavay* PRESIDENT 5/3/95 (904) 683-0195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date