

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90114 006 ***150.00

DOCUMENT # 484682

1. Corporation Name

MERMAID POOLS, INC.

Principal Place of Business

10500 SPRING HILL DR
SPRING HILL FL 34608
US

Mailing Address

10500 SPRING HILL DR
SPRING HILL FL 34608
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1975

4. FEI Number

59-1395825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROBERT LAVAY
10322 USHER STREET
SPRING HILL, FLORIDA
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name

Robert Richard Lavay

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

415 Hurtig Court

83

Port St. Lucie, FL 34983

84 City

Port St. Lucie

FL

85

Zip Code
34983

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

TITLE ☐ DELETE
NAME TD
STREET ADDRESS LAVAY LIONAL G
CITY-ST-ZIP 6123 AVE. OF THE PALMS
SPRING HILL, FL 33526

TITLE ☐ DELETE
NAME PD
STREET ADDRESS LAVAY ROBERT
CITY-ST-ZIP 10322 USHER STREET
SPRING HILL FL 00000 34608

TITLE ☐ DELETE
NAME D
STREET ADDRESS LAVEY, ROBERT
CITY-ST-ZIP 2505 S. E. CARROLL ST.
STUART FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Robert Richard Lavay
1.3 STREET ADDRESS 415 Hurtig Ct.
1.4 CITY-ST-ZIP Port St. Lucie, FL 34983 ☒ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME Heather Lavay
2.3 STREET ADDRESS 1000 Douglas Ave., Apt 170
2.4 CITY-ST-ZIP Altomonte Springs, FL 32714 ☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Patricia Underwood
3.3 STREET ADDRESS 1032 S. Mildred Ave.
3.4 CITY-ST-ZIP Brooksville, FL 34601 ☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME Dennis Martin
4.3 STREET ADDRESS 7356 Lagon Road
4.4 CITY-ST-ZIP Spring Hill, FL 34606 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 561-336-7602
Date Daytime Phone #

0500516

-CR2F034 (11/98)