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

FILED Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 506356 (5) GLENN'S POOL SERVICE, INC. Principal Place of Business Mailing Address 360 NW 190 STREET 1304 SW 160 AVE. MIAM! FL 33169 SUITE 643 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33326 3. Date Incorporated or Qualified 07/01/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1726868 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILSON, GLENN T. JR. 896 SAVANNAH FALLS DR Street Address (P.O. Box Number is Not Acceptable) 82 WESTON FL 33327 **B3** 84 City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of togestered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WILSON, GLENN JR. 1.2 NAME NAME 896 SAVANNAH FALLS DRIVE STREET ADDRESS 1.3 STREET ADDRESS WESTON FL 1.4 CITY - ST - ZIP CITY-ST-7IP Addition STD DELETE TITLE 2.1 TITLE WILSON, JANICE H. 2.2 NAME NAME 896 SAVANNAH FALLS DRIVE 2.3 STREET ADDRESS STREET ADDRESS **WESTON FL** CITY-ST-ZIP 2.4 City-St-ZIP DELETE Addition 3.1 TITLE ☐ Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-\$T-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-ZIP

14. 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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

X/ Wilson

DELETE

9/4/98 (305)652-3044

☐ Change

Addition