FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 536625 (7)

1. Corporation Name
CARIBBEAN POOLS, INC.

Principal Place of Business
1111 JOHN SIMS PKWY
PO BOX 670
NICEVILLE FL 32578

Mailing Address
P O BOX 670
PO BOX 670
NICEVILLE FL 32588-0670
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1977
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-1809246 — 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
8. This corporation has liability for intangible tax under S. 199.023 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21 524 Golf Course DR
Suite, Apt. #, etc
22
City & State
23 Niceville, Florida
Zip 24 32578 — Country 25 OKAlOOSA

2a. Mailing Address
26 P.O. Box 85
Suite, Apt. #, etc
27
City & State
28 Valparaiso, Florida
Zip 29 32580-0085 — Country 30 OKAlOOSA

9. Name and Address of Current Registered Agent
ECHOLS, PATRICIA S
1111 JOHN SIMS PARKWAY
PO BOX 670
NICEVILLE FL 32578

10. Name and Address of New Registered Agent
81 Name: Patricia S. Echols
82 Street Address (P.O. Box Number is Not Acceptable)
83 524 Golf Course Drive
84 City: Niceville — FL — 85 Zip Code: 32578

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: Patricia S. Echols — DATE: 4-28-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECHOLS SR, ROBERT L
STREET ADDRESS	524 GOLF COURSE DR
CITY-ST-ZIP	NICEVILLE, FL 00000
TITLE	VP
NAME	SADLER, CHERI
STREET ADDRESS	1023 STEPHEN DR.
CITY-ST-ZIP	NICEVILLE, FL 00000
TITLE	ST
NAME	ECHOLS, PATRICIA S
STREET ADDRESS	524 GOLF COURSE DR
CITY-ST-ZIP	NICEVILLE, FL 00000
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

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: Patricia S. Echols, Owner/Sec — 4-28-95 — 904-678-1203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia S. Echols

0471306 FP