

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 536625 (7)

1. Corporation Name

CARIBBEAN POOLS, INC.



Principal Place of Business

524 GOLF COURSE DRIVE
PO BOX 670
NICEVILLE FL 32578
US

Mailing Address

P. O. BOX 85
PO BOX 670
VALPARAISO FL 32580-0085
US

3. Date Incorporated or Qualified

05/26/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 524 Golf Course Dr

2a. Mailing Address

26 P.O. Box 85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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. 199.032,
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

ECHOLS, PATRICIA S.
524 GOLF COURSE DRIVE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

4-26-98

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME ECHOLS SR, ROBERT L
STREET ADDRESS 524 GOLF COURSE DR
CITY - ST - ZIP NICEVILLE, FL 00000

TITLE VP ☐ DELETE
NAME SADLER, CHERI
STREET ADDRESS 1023 STEPHEN DR.
CITY - ST - ZIP NICEVILLE, FL 00000

TITLE ST ☐ DELETE
NAME ECHOLS, PATRICIA S
STREET ADDRESS 524 GOLF COURSE DR
CITY - ST - ZIP NICEVILLE, FL 00000

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 ☐ 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-98 (904) 678-1203

Date

Daytime Phone #

CR2E034 (12/95)