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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 587479

(7)

GEORGE SECRIST POOL SERVICE, CO., INC.

## **FILED** May 05 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address								
4602 S.W. 821 MIAMI FL 331	ND COURT		4802 S.W. 82ND COURT MIAMI FL 33155-5447							
MINMI TE VOI	<b></b>					Date Incorporated or Qualified     09/25/1978		te of Last 0		
	Place of Business	2a. Mailing Address				4. FEI Number 59-1855957	· · · · · · · · · · · · · · · · · · ·	<b>—</b>	Applied For Not Applicable	
Suite, Apt	# etc.	Suile, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required	
City & State 3		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zıp	···-	untry	/	8. This corporation has liability for i	ntangible Yes [		s. 199.032,	
24	25	29	30	·	a	Florida Statutes  10. Name and Address of New Re				
	9. Name and Address of Cui	rent Hegistered Agent		81	Name	10. Halle and Address of New No.	giatorou /	You		
GOODHART & ROSNER, P.A.					THEIRIC					
	West Flagler Street, Ste Ami, Fl. 33130	. 1000	00		Street Addi	ess (P.O. Box Number is Not Acceptable)				
****	,			83						
				84	City		FL	85 Zip	p Code	
riftico or	registered agent, or both, in the S am familiar with, and accept the of	tate of Florida. Such change was oligations of, Section 607.0505,	s authoriza Florida Sta	ed b atute	y the corpora s.	oration submits this statement for the ption's board of directors. I hereby accepted when reinstating)	ot the app	ointment a	is registered	
12.		AND DIRECTORS	13	,	<del></del>	ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTO	ORS IN 12	
HILE	PD	☐ DELETE	1.1	TITLE				Change	e 🔲 Addition	
NAME	SECRIST, GEORGE		1.21	NAME						
STREET ADDRESS	4602 S.W. 82ND COURT		1.3	STREE	T ADDRESS					
CITY - ST - ZIP	MIAMI FL		1,4	CITY-	ST-ZiP					
THIE		☐ DELETE	2.1	TITLE				Change	e 🛄 Addition	
NAME			2.2	NAME						
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KAM <sup>a</sup>				NAME						
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14. I do 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.