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 MAR -6 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **611551** **(3)**

1. Corporation Name
PLAYTIME POOLS, A DIVISION OF GEB IND., INC.

Principal Place of Business	Mailing Address
7960 SYCAMORE DR NW PT RICHEY FL 34654	7960 SYCAMORE DR NW PT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/02/1979**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: **59-1888082** ☐ 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

BENSON, GORDON E
7960 SYCAMORE DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Typed or printed name of the registered agent and the title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	11 TITLE	Pr/S/T/D	☒ Change ☐ Addition
NAME	BENSON, GORDON E	12 NAME	Benson, Gordon E.	
STREET ADDRESS	7960 SYCAMORE DR	13 STREET ADDRESS	7960 Sycamore Dr	
CITY-ST-ZIP	NEW PT RICHEY FL	14 CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	STD	21 TITLE	Delete	☒ Change ☐ Addition
NAME	BENSON, CAROL G	22 NAME		
STREET ADDRESS	7960 SYCAMORE DR	23 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	24 CITY-ST-ZIP		
TITLE		31 TITLE	V	☐ Change ☒ Addition
NAME		32 NAME	Edward R. Crossley	
STREET ADDRESS		33 STREET ADDRESS	10950 Navajo Ct.	
CITY-ST-ZIP		34 CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I 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)(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 above, or on an attachment with an address.

SIGNATURE: Gordon Benson 2/21/95
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date
GORDON BENSON
Electronic Filer's Name

037510 CP