FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

95 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 635053 (2)

1. Corporate Name
GATOR POOLS & SPAS, INC.

Principal Office Address
1325 TENN AVENUE
ST. CLOUD FL 34769

Mailing Address
1325 TENN AVENUE
ST CLOUD FL 34769

(Not Acceptable In This Space)

3. Date Incorporated / Qualified: 09/04/1979
3a. Date of Last Report: 04/26/1994

2. Previous Corporate Name
21

2a. Mailing Address
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Date Adopted
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Date Adopted
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 59-1936641 — 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 qualifies as a small business under 3 USC 637, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, GREGORY
3050 COMANCHE RD
ST. CLOUD FL ~~34771~~ 34772

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, and/or F.S. 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, GREGORY
STREET ADDRESS	3050 COMANCHE RD
CITY, ST, ZIP	ST. CLOUD FL
TITLE	ST
NAME	SMITH, AZALEA Y.
STREET ADDRESS	3050 COMANCHE RD
CITY, ST, ZIP	ST CLOUD, FL 00000
TITLE	VP
NAME	SMITH, MERIVEL M.
STREET ADDRESS	3060 TOHO DR
CITY, ST, ZIP	ST. CLOUD

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Vice President	☒ Change ☐ Addition
NAME	Frances H. Smith	
STREET ADDRESS	3060 Toho Dr.	
CITY, ST, ZIP	St. Cloud FL 34772	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 607 or an attachment with an address.

SIGNATURE: Azalea Y. Smith — Azalea Y. Smith — 5-2-95 — 407-892-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443062 FP