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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 667037

(6)

1. Corporation Name

BLU-AQUA POOL CORPORATION

Principal Place of Business

1751 CATTLEMAN ROAD  
SARASOTA FL 34232-0804

Mailing Address

1751 CATTLEMAN ROAD  
SARASOTA FL 34232-0234

1843 Barber Road  
Sarasota FL 34240

2. Principal Place of Business

21 1843 BARBER ROAD

Suite, Apt. #, etc.

22 SARASOTA

City & State

23 FLORIDA

Zip

24 34240

Country

25 USA

2a. Mailing Address

26 1843 BARBER ROAD

Suite, Apt. #, etc.

27 SARASOTA

City & State

28 FLORIDA

Zip

29 34240

Country

30 USA

3. Date Incorporated or Qualified

04/17/1980

3a. Date of Last Report

04/17/1996

4. FEI Number

59-1636285

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

KOZAK, ANTON  
406 WATERSIDE LANE  
NOKOMIS FL 34275

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 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

Signature typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME FARMER, DEBRA  
STREET ADDRESS 9011 PINE CONE PLACE  
CITY - ST - ZIP BRADENTON FL

TITLE P ☐ DELETE

NAME KOZAK, ANTON  
STREET ADDRESS PO BOX 729/NA  
CITY - ST - ZIP NOKOMIS FL

TITLE T ☐ DELETE

NAME FARMER, JOHN  
STREET ADDRESS 9011 PINE CONE PLACE  
CITY - ST - ZIP BRADENTON FL

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra Qu Farmer Corp Sec. 4-14-97 (941) 371-4808

CR2E034 (9/96)