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

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686510 (9)

1. Current Name
POOLS BY JACK, INC.

Principal Place of Business
P.O. BOX 745
TAVARES FL 32778

Mailing Address
P.O. BOX 745
TAVARES FL 32778

Do Not Write in This Space

3. Date Incorporated or Qualified: 09/04/1980
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business
21 1209 E Alfred St
Suite, Apt. #, etc. 22
City & State 23 Tavares Fl 32778
Zip 24 32778 County 25 LAKE

2a. Mailing Address
26 1209 E Alfred St
Suite, Apt. #, etc. 27
City & State 28 Tavares Fl 32778
Zip 29 32778 County 30 LAKE

4. FEI Number: 59-2020230 ☐ 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

7. This Corporation has authority to administer tax under s. 193.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EICHENBURG, JACK
173 S. TARA DRIVE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name: Randy Crouch
82 Street Address (P.O. Box Number is Not Acceptable): 1209 E Alfred St
83
84 City: Eustis FL 85 Zip Code: 32778

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: RANDY CROUCH Randy Crouch 4-28-95
(Typed or printed name of person signing) (Signature of person signing) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 | |
|---|---|---|---|
| 31 Title | V | 41 Title | ☐ Change ☐ Addition |
| 32 Name | CROUCH, RANDY | 42 Name | |
| 33 Street Address | 11104 WOODSIDE DRIVE | 43 Street Address | |
| 34 City-St-Zip | TAVARES FL 32778 | 44 City-St-Zip | |
| 35 Title | P | 45 Title | ☒ Change ☐ Addition |
| 36 Name | EICHENBURG, JACK | 46 Name | |
| 37 Street Address | 173 S. TARA DRIVE | 47 Street Address | DELETE |
| 38 City-St-Zip | TAVARES FL 32778 | 48 City-St-Zip | |
| 39 Title | | 49 Title | ☐ Change ☐ Addition |
| 40 Name | | 50 Name | |
| Street Address | | 51 Street Address | |
| City-St-Zip | | 52 City-St-Zip | |
| Title | | 53 Title | ☐ Change ☐ Addition |
| Name | | 54 Name | |
| Street Address | | 55 Street Address | |
| City-St-Zip | | 56 City-St-Zip | |
| Title | | 57 Title | ☐ Change ☐ Addition |
| Name | | 58 Name | |
| Street Address | | 59 Street Address | |
| City-St-Zip | | 60 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 (We) hereby certify that the information supplied with this report is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 1 or Block 12 if changed or added to the report.

SIGNATURE: RANDY CROUCH Randy Crouch 4-29-95 904-343-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

041894 FF