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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

691681

(1)

1. Corporation	POOL SERVICE, INC.) (1)			
Principal Place of Business		Maing Address 2340 Seven Springs BlvD. NEW PORT RICHEY FL 34655			ı ilbi didil bidir bidir dibil bidil bidil bidil
2340 SEVEN SPRINGS BLVD. NEW PORT RICHEY FL 34655					
				3. Date incorporated or Qualified 06/24/1981	3a. Date of Last Report 05/01/1995
21	ace of Business	2a. Mailrig Address 26		4. FEI Number 59-2109981	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	;	City & State	· · · · · · · · · · · · · · · · · · ·	6 Floation Compaign Financia	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Z ip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New R	
			81 Name		
	RT, FREDRICK J.		82 Street Add	fress (P.O. Box Number is Not Acceptab	le)
2123 STOCKMAN RD NEW PORT RICHEY FL 34655					
NCW M	UNI MIUNET PL 34655		83		
			84 City		FI 85 Zip Code
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TITLE	P	DELETE	1 1 TIFLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	YORK, JAMEY	-	1.2 NAME		Clionarde Clivanicati
STREET ADDRESS	6064 OLEANDER AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY FL	h ::	1.4 City - \$1 - ZiP		
TITLE	DVS	DELETE	2 1 TIFLE		Change Addition
NAME	MARKERT, PAULA J		2.2 NAME		_
STREET ADDRESS	2123 STOCKMAN RD		2.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE	NEW PORT RICHEY FL DT				
NAME (1.71	CT DELETE	2.4 CHY ST ZIP		
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certify that the information indicated on this annual report or supplemental and does not quality of the exemption stated in section 1 inscription, rising a statutes. Further certify that the information indicated on this annual report or supplemental name 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 on an attrictment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/91 8133728649