

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F20268** (1)  
1. Corporation Name  
**PALM POOLS, INC.**



Principal Place of Business  
**6300 Nightwind Cr.**  
**1425 W. ORANGE BLOSSOM TR**  
**APOPKA FL 32712 Orlando, FL**  
**US 32818**

Mailing Address  
**P.O. Box 1231**  
**1425 ORANGE BLOSSOM TR**  
**APOPKA FL 32712-32704**  
**US**

2. Principal Place of Business  
**6300 Nightwind Cr.**

2a. Mailing Address  
**P.O. Box 1231**

22. Suite, Apt. #, etc.

23. City & State  
**Orlando, FL**

24. Zip  
**32818** 25. Country  
**US**

26. Suite, Apt. #, etc.

27. City & State  
**Apopka, FL**

28. Zip  
**32704** 29. Country  
**US**

3. Date Incorporated or Qualified  
**02/18/1981**

3a. Date of Last Report  
**04/21/1995**

4. FEI Number  
**59-2066126**

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  
**KATHY PALMERE**  
**6300 NIGHTWIND CIRCLE**  
**ORLANDO FL FL 32818**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 607.0508, Florida Statutes.

SIGNATURE *Kathy Palmere* DATE **1/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALMERE, GEORGE D</b>		1.2 NAME	
STREET ADDRESS <b>6300 NIGHTWIND CIRCLE</b>		1.3 STREET ADDRESS	
CITY-STATE-ZIP <b>ORLANDO FL</b>		1.4 CITY-STATE-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALMERE, KATHY</b>		2.2 NAME	
STREET ADDRESS <b>6300 NIGHTWIND CIRCLE</b>		2.3 STREET ADDRESS	
CITY-STATE-ZIP <b>ORLANDO FL</b>		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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)(k), Florida Statutes. I further certify that the information included 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 I am listed, or on an attachment to an address.

SIGNATURE: *Kathy Palmere* DATE: **1/15/96** TELEPHONE: **407-880-5792**

CR2E034 (12/95)