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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F41316								
1. Corporation Name								
POLK COUNTY POOLS & ROCK, INC.						ELEKT BIBIK BIBIK BI	81) 81811 1881	
								11)
Principal Place	of Pusinger	Mailing Address					· BIBII BIBII BIBII BI	015 01051 1001
1308 MEADOW		1308 MEADOW CIR NE						
C/O JESSE M I	C/O JESSE M HADSOCK							
WINTER HAVEN FL 33881-2769		WINTER HAVEN FL 33881-2769				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/14/1981 4. FEI Number		Had For
2. Principal Pl	ace of Business	2a. Mailing Address				59-2213078	<u> </u>	Applicable
21	4	Suite, Apt. #, etc.				39 22 13070	\$8.75 A	
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. Certifcate of Status Desired	Fee Rec	
City & State		City & State	<u> </u>	~ <u>:</u>	<u> </u>	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Co	untry	. ,,,,,,,,	8. This corporation owes the current year	ntangible	
24	25	29	30			Personal Property Tax.	☐ Yes	ØNo
	9. Name and Address of Current	Registered Agent		T_{-}		10. Name and Address of New Registere	d Agent	
	000K 15005 M ID			81	Name			
HADSOCK, JESSE M, JR				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
1308 MEADOW CIRCLE								
WINTER HAVEN FL 33880				83				
ı				84	City		85 Zip C	ode
				لــــــــــــــــــــــــــــــــــــــ	L	F		registered
office or o	acistored agent or both in the State (of Florida, Such change was	autnorize	ea ov	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as rec	jistered
agent. I a	m familiar with, and accept the obligati	ions of Section 607.0505, FI	orida Sta	atutes				*
SIGNATURE		MOT	T. Dogistor	ad Anar	t eignature root	guired when reinstating) DATE		{
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13		k algrididia 164	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DPS			TITLE			Change	Addition
NAME	HADSOCK, JESSE M JR		NAME	Ì			٠.	
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP	<u> </u>			
TITLE			TITLE			Change	☐ Addition	
NAME	*,		2.2	NAME				
STREET ADDRESS			2.3	STREET	F ADDRESS			
CITY+ST-ZIP			2.4	CITY-S	ST-ZIP,			· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	3.1	TITLE		• • •	Change	☐ Addition
NAME			3.2	NAME	1		•	
STREET ADDRESS			3.3	STREE	T ADDRESS			
CITY-ST-ZIP				CITY-5	T-ZIP		Change	Addition
TITLE	·	☐ DELETE		TITLE	ļ*		[] Change	
NAME	,			NAME				
STREET ADORESS					TADDRESS			
CITY-ST-ZIP	<u> </u>	DELETE	_	CITY-S	I-ZIP		☐ Change	Addition
TITLE				NAME			مهد ت	
NAME	,				T ADDRESS	•	•	ĺ
STREET ADDRESS				CITY-S	ſ			į
CITY-ST-ZIP		☐ OELETE		TILE			Change	Addition
NAME			6.2	NAME		•		
STREET ADDRESS	٠.		6.3	STREE	T ADDRESS			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP