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Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F57205

(9)

1. Corporation Name

BRACKEN POOLS, INC.

Principal Place of Business

C/O GREGORY B HOWARD  
3784 PROGRESS AVENUE  
NAPLES FL 33942

Mailing Address

C/O GREGORY B HOWARD  
3784 PROGRESS AVENUE  
NAPLES FL 34104-3649



3. Date Incorporated or Qualified

12/04/1981

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

HOWARD, PAMELA A.  
3395 27TH AVENUE SW  
NAPLES FL 33964

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 in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of registered agent or new registered agent and title, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

V

NAME

BRACKEN, RITA H.  
901 7TH STREET S.  
NAPLES FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

CEO

NAME

HOWARD, PAMELA A.  
3395 27TH AVENUE SW  
NAPLES FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

P

NAME

HOWARD, GREGORY  
3395 27TH AVE SW.  
NAPLES FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

SIGNATURE:

Pamela A Howard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CE.O. 3-17-97

941-643-7665

Date

Daytime Phone #

0411889

CR2E034 (9/96)