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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **F70001** (5)
1. Corporation Name
PALM BAY POOLS & WATER FEATURES, INC.

Principal Place of Business: **2875 KIRBY AVE. NE PALM BAY FL 32905**
Mailing Address: **2875 KIRBY AVE. NE PALM BAY FL 32905**

2. Previous Fiscal Year End		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/08/1982	05/01/1994
22. State Apt # etc		27. State Apt # etc		4. FEI Number	Applied For
22		27		59-2186310	Not Applicable
23. City & State		28. City & State		5. Certificate of State Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for education tax under § 194.039 Florida Statute. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JOHNSON, ROBERT L. 2875 KIRBY AVE NE PALM BAY FL 32905				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOHNSON, ROBERT L. 505 BAHAMA DR. INDIALANTIC FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT L.	1. NAME	
STREET ADDRESS	505 BAHAMA DR.	2. STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	2. CITY, ST, ZIP	
TITLE	VD JOHNSON, JOANNE 505 BAHAMA DR. INDIALANTIC FL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOANNE	3. NAME	
STREET ADDRESS	505 BAHAMA DR.	4. STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	4. CITY, ST, ZIP	
TITLE	VAS JOHNSON, ROBERT L., JR. 511 ROBERT WAY SATELLITE BCH. FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT L., JR.	5. NAME	
STREET ADDRESS	511 ROBERT WAY	6. STREET ADDRESS	
CITY, ST, ZIP	SATELLITE BCH. FL	6. CITY, ST, ZIP	
TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, ST, ZIP		10. CITY, ST, ZIP	
TITLE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and that, not equally for this event as stated in Florida Statutes, I further certify that the information 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 my signature on this report or supplemental report or the name or title as requested by section 607.0502 as compared to Florida Statutes, and that my name appears in Block 12 of this report or supplemental report as it appears with its address.

SIGNATURE: *Robert Johnson Sr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT JOHNSON Sr President, 8/1/95 407-7448384