

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000001755 (8)**

1. Corporation Name

**DIG-M-POOL INSTALLERS, INC.**



Principal Place of Business

Mailing Address

**14100 EAST TAMiami TRAIL, LOT 101  
NAPLES FL 33961**

**14100 EAST TAMiami TRAIL, LOT 101  
NAPLES FL 33961  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

30 Zip Country

3. Date Incorporated or Qualified

**04/05/1993**

3a. Date of Last Report

**06/21/1995**

4. FEI Number

**23-2227500**

Applied For

Not Applicable

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. 199.03?  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**BOLESKY, TRACY H ESQUIRE  
501 GOODLETTE ROAD  
SUITE B-208  
NAPLES FL 33940**

*Moved  
office*

10. Name and Address of New Registered Agent

81 Name **Bolesky, TRACY H. ESQUIRE**  
82 Street **J.P.A. V. JAY**  
83 **4532 E. Tamiami Trl #304**  
84 City **Naples** FL 85 Zip Code **33962**

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

Signature, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-instating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>PYST</b>			<input type="checkbox"/>
	<b>ROONEY, TUCKER P</b>	<b>14100 EAST TAMiami TRAIL, LOT 101</b>	<b>NAPLES FL 33962</b>	<input type="checkbox"/>
	<b>D</b>			<input type="checkbox"/>
	<b>ROONEY, TUCKER P</b>	<b>14100 EAST TAMiami TRAIL, LOT 101</b>	<b>NAPLES FL 33962</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/96**

**800-662-3446**

CR2E034 (3/96)