PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006304 Corporation¹Name

SOUTH CENTRAL POOL SUPPLY, INC.

Principal Place of Business 109 NORTHPARK BLVD. SUITE 401 **COVINGTON LA 70433-5001**

Mailing Address

109 NORTHPARK BLVD. SUITE 401

COVINGTON LA 70433-5001

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90022 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/09/1994

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
1		26		36-3926337	Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27			or derincate of otelias bosines	Fee Rec	quired	
City & State	& State City & State				6. Election Campaign Financing	\$5.00	May Be	
23					Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip Cou			8. This corporation owes the curre		_	
24	25	29 3	D		Personal Property Tax.		xNo	
	9. Name and Address of Current I	Registered Agent	81		10. Name and Address of New Ro	egistered Agent		
				Name	.,			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
110 N. MAGNOLIA ST.								
TALLAHASSEE FL 32301			83					
			84	City	·	85 Zip C	ode	
			04	City		FL S T		
11. Pursuant	to the provisions of Sections 607.0502	and:607:1508, Florida Statutes	the above	-named cor	rporation submits this statement for the p	ourpose of changing its	egistered	
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligatio	Florida, Such change was auti	norizea by	tne corporat	tion's board of directors. I hereby accept	; the appointment as reg	Istered	
J	manniai mui, and accept the obligation	, 0000011 001.0000, 1 10110		-				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable)				t signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12	
TITLE	PCEO	☐ DELETE	1.1 TITLE		PC90	Change :	☐ Addition	
NAME	ST. ROMAIN, FRANK J		1.2 NAME]	PEREZ de la MESA,	MANNY		
STREET ADDRESS	109 NORTHPARK BLVD		1.3 STREE	ADDRESS	109 NORTHPARK BLVI)		
CITY-ST-ZIP	COVINGTON LA		1.4 CITY-S	r-zap (COVINGTON, LA			
TITLE			2.1 TITLE	ſ			L `Addition	
NAME	-		2.2 NAME	5	ST. ROMAIN, FRANKT			
STREET ADDRESS	· ·		2.3 STREE	(ADDRESS I '	109 Northpark Blvd			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Covington, LA			
TITLE			3.1 TITLE	_		☐ Change	Addition	
NAME	<u> </u>		3.2 NAME		3.			
STREET ADDRESS				ADDRESS			1	
ļ			3.4, CITY-S	1	\$			
TITLE			4.1 TITLE	n-41F	***	☐ Change	☐ Addition	
NAME**	_		4. 2 NAME			•		
	- ·			ADDRESS				
STREET ADDRESS	10 S. WACKER DR.	٠,	1					
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-212		Change	Addition	
TITLE	_		5.1 THEE			,,		
NAME	POLIZZOTTO, RICHARD P			ADDRESS	•			
STREET ADDRESS	109 NORTHPARK BLVD			}	•			
CITY-ST-ZIP	COVINGTON LA 70433-5070		5.4 CITY-S 6.1 TITLE		CEO	⊠ Change	Addition	
TITLE	U December 1			۲	-	™ orwinge		
NAME	SEXTUN, WILSON B	•	6.2 NAME					
STREET ADDRESS	109 NORTHPARK BLVD			[ADDRESS)				
CITY-ST-ZIP	COVINGTON LA 70433-5070		6.4 CITY-S		- 110 07/0V	€	fermatie -	
14. I hereby o	ertify that the information supplied with	this filing does not qualify for the	ne exempt	on stated in	Section 119.07(3)(i), Florida Statutes. I	turther certify that the if	nomadon	

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 or changed, or on an attachment with an address, with all other like empowered.

CRAIG KROHUBBARD, SEC/TREA/CFO

4/13/99