

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 APR -4 PM 11:35

DOCUMENT # G14344

(7)

1. Corporation Name

HOWARD'S POOL SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/21/1982** 3a. Date of Last Report **03/03/1994**

4. FEI Number **59-2241265** 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. **80 HARVARD ST
ENGLEWOOD FL 34223
US**

2a. Mailing Address

26. **% KENT J. ANDERSON
8075 SOUTH BENEVA RD., #6
SARASOTA FL 34238-2906**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

**ANDERSON, KENT J.
8075 SOUTH BENEVA RD., #6
SARASOTA FL 33583**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **RUSSELL, LEO F**
STREET ADDRESS **80 HARVARD ST**
CITY- ST- ZIP **ENGLEWOOD, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **STD**
NAME **RUSSELL, PHYLLIS J**
STREET ADDRESS **80 HARVARD ST**
CITY- ST- ZIP **ENGLEWOOD, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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; 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; 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; and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

LEO F. RUSSELL

3/29/95

513 474 2447