

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 14 AM 9:17

MWB
11-18-96

SECRETARY OF STATE



DOCUMENT # G27655

(1)

1. Corporation Name

BRITANNIA POOLS, INC.

REINSTATEMENT 1996

Principal Place of Business

Mailing Address

~~1612 EAST 99TH AVENUE~~
1612 EAST 99TH AVENUE
TAMPA FL 33612

~~7308 ST. VINCENT~~
TAMPA FL 33614

3. Date Incorporated or Qualified
03/10/1983

3a. Date of Last Report
08/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1612 E. 99th Ave.

2a 1612 E. 99th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tampa, FL

2a Tampa, FL

Zip

Country

Zip

Country

24 33612

25 Hi/Lb.

2a 33612

2b Hi/Lb.

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

9. Name and Address of Current Registered Agent

O'NEILL, KEVIN
1612 EAST 99TH AVENUE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

KEVIN O'NEILL

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

6910 W WATERS AVE APT 100

83

TAMPA 33636

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

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

(NOTE: Registered Agent signature required when resigning)

10/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME HUNT, GRAHAM D
STREET ADDRESS 1612 E 99TH AVE
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ DELETE
NAME O'NEILL, KEVIN
STREET ADDRESS 6910 W WATERS AVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 600002007866
2.3 STREET ADDRESS -11/19/96--01081--010
2.4 CITY-ST-ZIP *****383.75 *****383.75

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
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 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:

Graham D Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/96

Date

Daytime Phone #

CR2034 (3/96)