

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sanctra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PH 2:59

DOCUMENT # G84270 (9)

1. Corporation Name

PAMPERED POOLS, INC.

Principal Place of Business

**270 BORMAN AVENUE
MERRITT ISLAND FL 32953-3433**

Mailing Address

**270 BORMAN AVENUE
MERRITT ISLAND FL 32953-3433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/10/1984

3a. Date of Last Report

03/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2382589

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

9. Name and Address of Current Registered Agent

**MCAIR, DONALD F.
1595 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name

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

83

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCAIR, DONALD F.
1595 S TROPICAL TRAIL
MERRITT ISLAND FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY - ST - ZIP	14 CITY - ST - ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY - ST - ZIP	24 CITY - ST - ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY - ST - ZIP	34 CITY - ST - ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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 907, 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

Pross

4/3/95

4074544646

Date

Display Phone #