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 # **G88491** **(7)**

1. Corporation Name
A & W POOL SERVICE, INC.

Principal Place of Business	Mailing Address
33675 U.S. 19 NORTH PALM HARBOR FL 34684	33675 U.S. 19 NORTH PALM HARBOR FL 34684

3. Date Incorporated or Qualified: **03/01/1984**
3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business
21: 1016 Ohio Av
22: Suite, Apt #, etc
23: City & State: Palm Harbor, Fl
24: Zip: 34683
25: Country: Pinellas

2a. Mailing Address
26: 1016 Ohio Av
27: Suite, Apt #, etc
28: City & State: Palm Harbor, Fl
29: Zip: 34683
30: Country: Pinellas

4. FEI Number: **59-2380018** ☐ 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

TUCKER, ROGER S.
9455 KOGER BLVD., SUITE 209
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: Alan H Standiford
82 Street Address (P.O. Box Number is Not Acceptable): 1016 Ohio Av
83:
84 City: Palm Harbor FL 85 Zip Code: 34683

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: Alan H Standiford 8/8/96
Signature, typed or printed name of registered agent and date (New Registered Agent's signature required if box 10 filled) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STANDIFORD, ALAN H		1.2 NAME	
STREET ADDRESS	33675 US 19 N		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STANDIFORD, DIANE W		2.2 NAME	
STREET ADDRESS	33675 US 19 N		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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-08/19/96--01019--004
***375.00

CR2E034 (3/96)

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), F.S. 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: Diane W Standiford 8-6-96 (813) 784-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #