## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G88491

**(7)** 

Mailing Address

A & W POOL SERVICE, INC.

FILED
May 16 1997 8:00am
Secretary of State

1016 OHIO AVE.         1016 OHIO AVE.           PALM HARBOR FL 34683         PALM HARBOR FL 34683-4417		4417							
					-	3. Date Incorporated or Qualified	3a. Date of Las		
2 Dringing D	laca of Rusinasa	2a. Mailing Address				03/01/1984 4. FEI Number	⊥_08/19/1 <mark>99(</mark>		
—— <b>,</b> ` ├─┐ `		<u></u> ⊢¬	iess					Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2380018	Not Applicable  \$8.75 Additional			
22		27	27			5. Certificate of Status Desired	Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zφ Gountry 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	25   29   30   Florida Statutes L Yes L No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
041 N					ame				
STANDIFORD, ALAN H									
1016 OHIO AVE. PALM HARBOR FL 34683		8	82 Street Address (P.O. Box Number is Not Acceptable)						
1740	W 14 11 15 511 1 C 5 15 5 5		8	3	~ · · · · · · · · · · · · · · · · · · ·				
			8	4 City			FL 85 Z	ıp 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	Martin 192								
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	gent signatur	re required v	then reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECT	ORS IN 12	
TITLE	PD	DELETE	13 III.		Τ	7.551110145/0174402010 01110	Chang		
NAME	STANDIFORD, ALAN H		1.2 NAM				, , , , , , , , , , , , , , , , , , ,	,. [	
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CITY-ST-ZIP	PALM HARBOR FL			- \$1 - <b>2</b> (P	ĺ				
TITLE	DST	DELFTE	2/1 1/11				Chang	ge 🔲 Addition	
NAME			2.2 NAM	£					
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NAME			3,2 NAM	F					
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NAME			4, 2 NAM	4E				]	
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NAME			5;2 NAM	[					
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CITY-ST-ZIP				- S1 - ZIP				<del></del>	
TITLE		DELETE	6,1 TI) L				Chang	ge L Addition	
NAME			6,2 NAM	[·					
STREET ADDRESS			6,3 STRI	TT ADDRESS	3				
CITY-ST-ZIP			6,4 CITY	-S1-7IP					

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on in attachment with an address.

5-1-01 /8

(812) 781-7117