

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G88491 (7)
 1. Corporation Name
A & W POOL SERVICE, INC.

Principal Place of Business 1016 OHIO AVE. PALM HARBOR FL 34683	Mailing Address 1016 OHIO AVE. PALM HARBOR FL 34683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 334 East Lake Road Suite, Apt. #, etc. 22 Suite # 312 City & State 23 Palm Harbor, FL Zip 24 34685 Country 25 Pinellas		2a. Mailing Address 26 334 East Lake Road Suite, Apt. #, etc. 27 Suite # 312 City & State 28 Palm Harbor, FL Zip 29 34685 Country 30 Pinellas		3. Date Incorporated or Qualified 03/01/1984	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent STANDIFORD, ALAN H 1016 OHIO AVE. PALM HARBOR FL 34683		10. Name and Address of New Registered Agent 81 Name Standiford, Alan H 82 Street Address (P.O. Box Number is Not Acceptable) 334 East Lake Rd, Ste # 312 83 84 City Palm Harbor FL 85 Zip Code 34685	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME STANDIFORD, ALAN H STREET ADDRESS 33675 US 19 N CITY-ST-ZIP PALM HARBOR FL	☐ DELETE	1.1 TITLE PD 1.2 NAME Standiford, Alan H 1.3 STREET ADDRESS 334 East Lake Rd # 312 1.4 CITY-ST-ZIP Palm Harbor, FL 34685	☒ Change ☐ Addition
TITLE DST NAME STANDIFORD, DIANE W STREET ADDRESS 33675 US 19 N CITY-ST-ZIP PALM HARBOR FL	☐ DELETE	2.1 TITLE DST 2.2 NAME Standiford, Diane W 2.3 STREET ADDRESS 334 East Lake Rd # 312 2.4 CITY-ST-ZIP Palm Harbor, FL 34685	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 an attachment with an address.

SIGNATURE *Diane W Standiford* 4-20-98 (s) 78-7117

CR2E034 (10/97)