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Secretary of State

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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H06113

OSBORNE'S POOL SERVICE & SUPPLY, INC.

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Principal Place	of Business	Mailing Address		I ibblidti dili dalia dilat iloni likao ilti dil	Dit \$1816 Billi Billi Gilli Albis esert seet
11455 S ORANGE BLOSSOM, TR ORLANDO FL 32837 US		11455 S ORANGE BLOSSOM TR ORLANDO FL 32837 US		DO NOT WRITE IN TH	HIS SPACE
••	. ·	. ·		3. Date Incorporated or Qualifed 05/29/1984	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2407669	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & State	9 .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
	ODNE DUCCELL HOWARD		81 Name	•	
C 1224	ORNE, RUSSELL HOWARD 10 KIRBY SMITH RD.	₽¹ ti	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32812		83		
	•		84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Fiorida Statutes	s. the above-hamed corb	Dialibit Subititis this statement for the purpose	of changing its regions of
^{Vii} ∘office or re ⊍5 agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	Florida, Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	thorized by the corporation da Statutes. Registered Agent signature require	on's poard of directors. Thereby accept the ap	politiment as registered
^{Vii} ∘office or re ⊍5 agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	f Florida, Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I D DIRECTORS	thonzed by the corporation da Statutes. Registered Agent signature require	on's poard of directors. Thereby accept the ap	AND DIRECTORS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP