

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90067 015 \*\*\*150.00

DOCUMENT #

1. Corporation Name

H19043

THE POOL STORE, INC.

Principal Place of Business

Mailing Address

2975 BEE RIDGE ROAD  
SUITE C  
SARASOTA FL 34239  
US

2975 BEE RIDGE ROAD  
SUITE C  
SARASOTA FL 34239  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1984

4. FEI Number

59-2440670

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐ No

2. Principal Place of Business

21 4631 BEE RIDGE ROAD

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip

24 34233

Country

25 US

2a. Mailing Address

26 C/O CHRISTIANSEN & DEHNER, P.A.

Suite, Apt. #, etc.

27 63 SARASOTA CENTER BLVD SUITE 107

City & State

28 SARASOTA FL

Zip

29 34240

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIANSEN & DEHNER, P. A.  
2975 BEE RIDGE ROAD  
SUITE C  
SARASOTA FL 34239

81 Name

CHRISTIANSEN & DEHNER, P.A.

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

63 SARASOTA CENTER BLVD SUITE 107

83

City

SARASOTA

FL

85 Zip Code

34240

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPT  
NAME  
WASILEWSKI, RAYMOND E.

STREET ADDRESS  
4631 BEE RIDGE RD

CITY-ST-ZIP  
SARASOTA FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐

Change

☐ Addition

TITLE  
NAME  
DVS  
WASILEWSKI, SANDRA A.

STREET ADDRESS  
4631 BEE RIDGE ROAD

CITY-ST-ZIP  
SARASOTA FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND E. WASILEWSKI

3/27/99

Date

941 377 0988

Daytime Phone #

GR2E034-4/1/98