

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H52117** (9)

1. Corporation Name

BINGHAM'S POOL SERVICE, INC.

Principal Place of Business

**13600 N BRANCH RD.
SARASOTA FL 34240**

Mailing Address

**13600 N BRANCH RD
SARASOTA FL 34240**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BINGHAM, ROBERT C.
13600 N. BRANCH RD.
SARASOTA FL 34240**

3. Date Incorporated or Qualified

04/11/1985

3a. Date of Last Report

03/27/1995

4. FEI Number

59-2527162

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0100 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 agree to the provisions of, Sections 607.0100, Florida Statutes.

SIGNATURE

3/31-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BINGHAM, ROBERT C.
STREET ADDRESS
13600 N. BRANCH RD.
CITY-STATE-ZIP
SARASOTA FL 34240

TITLE ☐ DELETE

NAME
BINGHAM, PAMELA E.
STREET ADDRESS
13600 N. BRANCH RD.
CITY-STATE-ZIP
SARASOTA FL 34240

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

941 371-0085

DATE

PHONE NUMBER

CR2E034 (12/95)