

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H78814** (1)
1. Corporation Name
CENTURY POOL SERVICE, INC.

RECEIVED
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:07

Principal Place of Business Mailing Address
WILLIAM P. MCCAUGHAN, ESO.
2803 WORLD TRADE CENTER, 80 SW 8TH STREET
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/02/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2584725** 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

2. Principal Place of Business 2a. Mailing Address
21 **113 East Coast Ave.** 26 **113 East Coast Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Hypoluxo, Florida** 28 **Hypoluxo, Florida**
24 **33462** 25 **Palm Bch** 29 **33462** 30 **Palm Bch.**

9. Name and Address of Current Registered Agent
MCCAUGHAN, WILLIAM P.
1320 S. DIXIE HWY.
NO. 940
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip 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 _____ (Signature, Print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE D	THORNTON, GEOFFREY 141 S.E. 15TH AVE. BOYNTON BEACH FL
TITLE V	THORNTON, KERRY ANNE 141 S.E. 15TH AVE. BOYNTON BEACH FL
TITLE P	THORNTON, GEOFFREY 113 E COAST AVE HYPOLUXO FL
TITLE V	THORNTON, KERRY 113 E COAST AVE HYPOLUXO FL
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	113 East Coast Avenue
1.4 CITY - ST - ZIP	Hypoluxo, Florida 33462-6019
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	113 East Coast Avenue
2.4 CITY - ST - ZIP	Hypoluxo, Fl. 33462
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	113 East Coast Avenue
3.4 CITY - ST - ZIP	Hypoluxo, Fl. 33462
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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)(k), 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: *Geoffrey Thornton* 5/1/95 4075886334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #