

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H80493 (0)

1. Corporation Name

ADVANCE POOL, INC.

Principal Place of Business

**1721 SIMONTON AVE.
ORLANDO FL 32806**

Mailing Address

**1721 SIMONTON AVE.
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1985

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2582567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.012

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGUIRE, PATRICK W.
1721 SIMONTON AVE.
ORLANDO FL 32806**

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 607.0502 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 of approver

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MCGUIRE, PATRICK W.
STREET ADDRESS	1721 SIMONTON AVE.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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:

Patrick W. McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICK W. MCGUIRE

4/29/95 407 855 4458

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H84023

(1)

1. Corporation Name:

ROBERT D. BONAMY, INC.

Principal Place of Business

Mailing Address

**% ALLEN BELUS
400 S. PALMETTO AVENUE
DAYTONA BEACH FL 32114-4922**

**% ALLEN BELUS
400 S. PALMETTO AVENUE
DAYTONA BEACH FL 32114-4922**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1985

3a. Date of Last Report

03/10/1994

4. FEI Number

59-2596690

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(3)(2)
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 1116-A MASON AVE

State, Apt. #, etc.

22 DAYTONA BEACH

City & State

23 32117

Zip

24 Volusia

County

2a. Mailing Address

25 P.O. Box 730533

State, Apt. #, etc.

26 ORMOND BEACH

City & State

27 32173-0533

Zip

28 Volusia

County

9. Name and Address of Current Registered Agent

**BELUS, ALLEN
400 S. PALMETTO AVENUE
DAYTONA BEACH FL 32115**

10. Name and Address of New Registered Agent

81 Name ROBERT D. BONAMY

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

1116-A MASON AVE

83

84 DAYTONA BEACH

FL

85

32117

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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Robert D. Bonamy

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

13.

TITLE

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STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(2)(b), Florida Statutes. I further certify that the information disclosed 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 promoter or trustee empowered to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 and Block 13 of changed, or on an addition with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Bonamy

4/13/95 (904) 253-1161