FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H92197 (3)

1. Corporation Name
SPARKLE POOL SERVICE, INC.

Principal Place of Business
1111 RIFLECREST AVE
~~4340 BELL SHOALS ROAD~~
VALRICO FL 33594

Mailing Address
P.O. BOX 1417
~~4340 BELL SHOALS ROAD~~
VALRICO FL 33594 – 1417

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/26/1985
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 1111 RIFLECREST AVE
Suite, Apt. #, etc. 22
City & State 23 VALRICO, FL
Zip 24 33594 County 25 HILLSBOROUGH

2a. Mailing Address
26 P.O. BOX 1417
Suite, Apt. #, etc. 27
City & State 28 VALRICO, FL
Zip 29 33594-1417 Country 30 HILLSBOROUGH

4. FEI Number: 59-2605589 ☐ 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

9. Name and Address of Current Registered Agent

GRIMMEL, RICHARD F.
4340 BELL SHOALS ROAD
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: RICHARD F. GRIMMEL
82 Street Address (P.O. Box Number is Not Acceptable): 1111 RIFLECREST AVE
83
84 City: VALRICO FL 85 Zip Code: 33594

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GRIMMEL, RICHARD F.	12 NAME	
STREET ADDRESS	1111 RIFLECREST AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	REID, SANDRA D.	22 NAME	
STREET ADDRESS	112 MITCHELL DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	YASCAVAGE, VICKI L.	32 NAME	
STREET ADDRESS	112 MITCHELL DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Richard F. Grimmel RICHARD F. GRIMMEL 4-15-95 813 684-4081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000448 CP