

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # H94277

(1)

1. Corporation Name

ELITE-WEILER POOLS, INC.

Principal Place of Business

C/O DOUG KENNEDY
130 N TAMiami TR
OSPREY FL 34229
US

Mailing Address

C/O DOUG KENNEDY
130 N TAMiami TR
OSPREY FL 34229
US



3. Date Incorporated or Qualified

01/09/1986

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2665023

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

KENNEDY, DOUGLAS
130 N TAMiami TR
OSPREY FL 34229

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 607.0502 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

1.1 TITLE

NAME
PD
KENNEDY, DOUGLAS
130 N TAMiami TR
OSPREY FL

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

1.5 NAME

1.6 STREET ADDRESS

1.7 CITY - ST - ZIP

1.8 TITLE

1.9 NAME

1.10 STREET ADDRESS

1.11 CITY - ST - ZIP

1.12 TITLE

1.13 NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

1.17 NAME

1.18 STREET ADDRESS

1.19 CITY - ST - ZIP

1.20 TITLE

1.21 NAME

1.22 STREET ADDRESS

1.23 CITY - ST - ZIP

1.24 TITLE

1.25 NAME

1.26 STREET ADDRESS

1.27 CITY - ST - ZIP

1.28 TITLE

1.29 NAME

1.30 STREET ADDRESS

1.31 CITY - ST - ZIP

1.32 TITLE

1.33 NAME

1.34 STREET ADDRESS

1.35 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY - ST - ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)