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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H94277**

1. Corporation Name

ELITE-WEILER POOLS, INC.

Principal Place of Business Mailing Address								1 1487	
C/O DOUG KENNEDY C/O DOUG KENNEDY							·		
130 N TAMIAMI TR 130 N TAMIAMI TR									
OSPREY FL 34229 OSPREY FL 34229							DO NOT WRITE IN THIS SPACE		
US US							3. Date Incorporated or Qualifed		
1							01/09/1986		
Principal Place of Business 2a. Mailing Address				_			4. FEI Number Applied Fe	or	
21							59-2665023 Not Applie	cable_	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Contiferate of Status Posited Status Posited		
22						<u> </u>	5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing S5.00 May Be		
23			·				Trust Fund Contribution Added to Fees		
Zip Country			8 Zip Country				8. This corporation owes the current year Intangible		
24 25 29			30				Personal Property Tax. Yes No		
241	9. Name and Address of Curre			,			10. Name and Address of New Registered Agent		
3. Name and Advisor of Carton Nagoto Carton					81	Name 1/			
KENNEDY, JOHN D						KENNEDU, JOHN D			
4835 BRADBURN CT					82 Street Address (P.O. Box Namber is Not Acceptable)				
SARASOTA FL 34238				ŀ	83	4615	STONE RIDGETRAIL		
SANASOTA FE 34230					83		•		
					84	City	85 Zip Çode		
					Ì	- 2t	ARASOTA FL " 3433	<u>}</u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	607.1508, Florida Statutes,	the at	oove	-named corp	poration submits this statement for the purpose of changing its registe	red	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Flori	da. Such change was auth F. Section 607 0505, Florida	iorized a Statu	by 1 ites.	the corporati	on's board of directors. I hereby accept the appointment as registered	,	
1	in tarrinal with, and accept the oblig-	auona o	, 0000011 007.0000, 710110	<u> </u>		•	•		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title	if applicable (NOTE: Re	gistered	Agent	t signature require	ed when reinstating) DATE	_	
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PD		☐ DELETE	1.1 TII	LE		Change A	ddition	
NAME	KENNEDY, DOUGLAS			1,2 NA	ME		•		
STREET ADDRESS	AND AL TALMAN TO			1,3 ST	REET	ADDRESS			
CITY-ST-ZIP	OSPREY FL			1.4 CIT					
TITLE	VP		☐ DELETE	2.1 TiT			(P XChange A	ddition	
-	KENNEDY, JOHN D			22 NA		[LENNEDY, JOHN D. TRAIL		
NAME			j			***************************************	PLIE STONE RIDGE TRAIL		
STREET ADDRESS	1					ADDRESS	4013 3/010C 1/100C 1/100C		
CITY-ST-ZIP	SARASOTA-FL-34238	·				T-ZP	SARASOTA FL 34232	Additio	
TITLE	Į.		☐ DELETE	3.1 TIT	LE		☐ Change ☐ A	MOMOL	
NAME				3.2 NA	ME				
STREET ADDRESS				3.3 ST	REET	ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 occiver 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

AME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Change

Addition

☐ Addition

Addition