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3-1-95 B-5

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J07123** (9)

1. Corporation Name
POLAR BEAR POOLS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 662 FERN PARK FL 32730	P.O. BOX 662 FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE.

532 Cascade Circle

2. Principal Place of Business 21 Unit 100	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/01/1986	3a. Date of Last Report 04/19/1994
Suite, Apt. #, etc. 22 Casselberry Fla	Suite, Apt. #, etc. 27	4. FEI Number 59-2660724	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Zip 24 32707	Country 25 Seminole	Zip 29	Country 30
		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	10. Name and Address of New Registered Agent	
LIPPOLDT, CHARLES L. 200 FERN PARK BLVD. APT. 913 FERN PARK FL 32730	81 Name: Lippoldt Charles L.	
	82 Street Address (P.O. Box Number is Not Acceptable): 532 Cascade Circle Unit 100	
	83 Casselberry Fla 32707	
	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 _____ 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	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	LIPPOLDT, CHARLES L.	1.2 NAME	Lippoldt Charles L.
STREET ADDRESS	200 FERN PARK BLVD,#913	1.3 STREET ADDRESS	532 Cascade Circle Unit 100
CITY-ST-ZIP	FERN PARK FL	1.4 CITY-ST-ZIP	Casselberry Fla 32707
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: By Charles L Lippoldt Pres Charles L. Lippoldt 4/29/95 407-830-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414007 FP