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Jul 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J08586 (6)  
1. Corporation Name  
LILLIAN'S POOL SUPPLIES, SERVICE AND REPAIR, INC



Principal Place of Business

% LILLIAN BAKER  
5016 US HWY 19  
NEW PORT RICHEY FL 34652

Mailing Address

% LILLIAN BAKER  
5016 US HWY 19  
NEW PORT RICHEY FL 34652-4253

2. Principal Place of Business

21 5146 Marine Pkwy  
Suite, Apt. #, etc.

22 City & State

23 NEW PORT RICHEY FL  
Zip Country

24 34652

25 PASCO

2a. Mailing Address

26 5146 Marine Pkwy  
Suite, Apt. #, etc.

27 City & State

28 NEW PORT RICHEY FL  
Zip Country

29 34652

30 PASCO

3. Date Incorporated or Qualified

04/07/1986

3a. Date of Last Report

02/02/1996

4. FEI Number

59-2667147

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

BAKER, LILLIAN  
5016 US HWY 19  
NEW PORT RICHEY FL 34652

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

TITLE PD  
NAME BAKER, LILLIAN  
STREET ADDRESS 5016 US HWY 19  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE V  
NAME BAKER, LOUIS  
STREET ADDRESS 5016 US HWY 19  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TS  
NAME BAKER, TAMMY  
STREET ADDRESS 5016 US HWY 19  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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

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 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 Lillian Baker  
7/16/97 10:00am/1997

CR2E034 (9/96)