

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J20326 (1)

1. Corporation Name
EAST COAST POOLS OF BREVARD, INC.

Principal Place of Business
152 NORTHWEST HICKORY STREET
WEST MELBOURNE FL 32904

Mailing Address
152 NORTHWEST HICKORY STREET
WEST MELBOURNE FL 32904-3512



2. Principal Place of Business 21 9101 Ellis Rd. 22 Suite, Apt. #, etc. 23 Melbourne, FL. 24 32904 Country U.S.A.		2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country		3. Date Incorporated or Qualified 06/20/1986	3a. Date of Last Report 11/21/1996
				4. FEI Number 59-2694741	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 BUSHNELL, JAMES R 152 HICKORY STREET WEST MELBOURNE FL 32904		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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BUSHNELL, JAMES R	1.2 NAME	
STREET ADDRESS	152 NW HICKORY STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST MELBOURNE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	BUSHNELL, LAURA	2.2 NAME	
STREET ADDRESS	152 NW HICKORY STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST MELBOURNE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: James R Bushnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 407-723-4229
Date Daytime Phone #

0100660

CR2E034 (9/96)