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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90100 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J20326

1. Corporation Name

EAST COAST POOLS OF BREVARD, INC.

Principal Place of Business

9101 ELLIS ROAD
MELBOURNE FL 32904
US

Mailing Address

9101 ELLIS RD
MELBOURNE FL 32904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1986

4. FEI Number

59-2634741

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSHNELL, JAMES R
143 GENOA ST
INDIAN HARBOUR BEACH FL 32937

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

320 Wayne Ave

83

84 City

Indianantic

FL

85

Zip Code

32903

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BUSHNELL, JAMES R.

STREET ADDRESS 146 GENOA ST
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32904

TITLE STD ☐ DELETE

NAME BUSHNELL, LAURA

STREET ADDRESS 146 GENOA ST
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32904

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE same ☒ Change ☐ Addition

1.2 NAME same

1.3 STREET ADDRESS 320 Wayne Ave.

1.4 CITY-ST-ZIP Indianantic, FL. 32903 ☒ Change ☐ Addition

2.1 TITLE same

2.2 NAME same

2.3 STREET ADDRESS 320 Wayne Ave

2.4 CITY-ST-ZIP Indianantic, FL. 32903 ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

James R Bushnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

407-723-4229

Daytime Phone #

CR2E034 (11/98)