## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J35538

STARR-LITE POOLS OF HIGHLANDS COUNTY, INC.

**FILED** Aug 07 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					- i individ dibar milat asınar bridde (tidir ramı dirdir dibbi dibir dibir dibir (dibi) (dibi			
6203-B U.S. 27 SOUTH 6203-B U.S. 2		6203-B U.S. 27 SOUTH	OUTH					
		SEBRING FL 33870			DO NOT WRITE	IN THIS SE	ACE	
					Do NOT WAITE     3. Date Incorporated or Qualified	3a. Date		Report
					09/30/1986	06/12		report
	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26		59-2722984			ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×		Additional equired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		·	Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes or has pa	id the c <u>urre</u> r	ıt year İn	tangible
24	25	29	30		Personal Property Tax due June			No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	ent Registered Agent		Z.1	10. Name and Address of New Re	gistereti Ag	ent	
	rr, george M.			81 Name				
2445 W. RUSS ROAD				82 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
AVO	N PARK FL 33825				,			
				83				
				84 City			95 7in	Cada
				84 City		FL	<b>85</b> Zip	Code
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Fl	orida Stat	lutes.	tion's board of directors. I hereby accep			- Togistorou
	Signature, typed or printed name of registored a			d Agent signature requi		DATE	DEOTO	50 (1) 40
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC			
TITLE	STARR, GEORGE M	L) DELETE	1,1 TI	į.		<u> </u>	Change	Addition
NAME	2445 W. RUSS RD.		1.2 N	1				
STREET ADDRESS			1	REET ADDRESS				
CITY-ST-ZIP	AVON PARK FL 33825	T Dever		TY-ST-ZIP			1.2.	
TITLE	VT	DELETE	2.1 Ti				] Change	Addition
NAME	STARR, ELIZABETH A		2.2 N	AME				
STREET ADDRESS	2445 W. RUSS RD.		2.3 \$1	ireet address				
CITY-ST-ZIP	AVON PARK FL 33825			ITY-ST-ZIP				
TITLE		DELETE :	3.1 TI	TLE		L.	] Change	L. Addition
NAME	1		3.2 N	AME [				
STREET ADDRESS			3.3 S1	REET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE	4.1 10	TLE			] Change	Addition
NAME			4, 2 N	AME				
STREET ADDRESS			4.3 ST	FREET ADDRESS				
CITY-ST-ZIP		·	4.4 CI	TY-ST-ZIP				
TITLE	ł	DELETE	5.1 Ti	TLE			Change	Addition
NAME	Į.		5.2 N/	AME				
STREET ADDRESS			5.3 \$1	REET ADDRESS				
CITY-ST-ZIP			5.4 C(	TY-ST-ZIP				
TITLE		DELETE	6.1 Tr	TLE			Change	Addition
NAME			6.2 N/	AME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
CITY-ST-7IP			1	TV-ST-7IP				

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: