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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **J43457** (7)  
1. Corporation Name  
**AAA POOLS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**% LAWRENCE OTTEN**  
**12858 HIALEAH AVENUE**  
**NEW PORT RICHEY FL 34654**  
**US**

3. Date Incorporated or Qualified **11/13/1986** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **59-2754294** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SHAVERS, DARLA**  
**11107 LEON ST**  
**NEW PORT RICHEY FL 34654**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **SHAVERS, DARLA**  
STREET ADDRESS **7601 HIALEAH AVE**  
CITY- ST- ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **Darla Shavers**  
1.3 STREET ADDRESS **1107 Leon St**  
1.4 CITY- ST- ZIP **New Port Richey FL 34654**

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 110.07(3)(b), 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: *Darla Shavers* **4/24/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR