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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45453

(4)

SUNRISE POOLS OF NAPLES, INC.

Principal Place of Business Mailing Address 1525 CR 951 595-13TH ST. NW NAPLES FL 33964 NAPLES FL 34120-5031 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1986 05/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2751087 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, ☐ Yes [] No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** JOSLIN, RICHARD E., JR. 595 13TH STREET N.W. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33964 83 84 City 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 obliquejons of Section 607.0505. Florida Statutes. DEQUUS : SIGNATURE Signature, typed 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)PTD DELETE 1.1 TIPLE TITLE JOSLIN, RICHARD E., JR. NAME 12 NAME 595-13TH ST, NW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE JOSLIN, DEANA S. NAME 2.2 NAME 595-13TH ST, NW STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME

64 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 frustee 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.

3.3 STREET ADDRESS

3.4. CITY - \$1 - ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

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Jul 01 1997 8:00am

Secretary of State