

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J49473** (8)

1. Corporation Name

GOLDEN GATE POOL SUPPLIES, INC.



Principal Place of Business

**4916 GOLDEN GATE PKWY.
NAPLES FL 33999**

Mailing Address

**4916 GOLDEN GATE PKWY.
NAPLES FL 33999**

3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2749964

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

10. Name and Address of New Registered Agent

**KIRBY, BRUCE
4916 GOLDEN GATE PKWY.
NAPLES FL 33999**

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

Bruce A. Kirby
Signature, typed or printed name of registered agent and title if applicable

Bruce A. Kirby Pres

(NOTE: Registered Agent signature required when reinstating)

4-26-96
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **KIRBY, BRUCE**
STREET ADDRESS **4724-B GOLDEN GATE PKWY**
CITY-ST-ZIP **NAPLES FL**

TITLE **ST** ☐ DELETE
NAME **KIRBY, LUCILLE**
STREET ADDRESS **4724-B GOLDEN GATE PKWY**
CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☐ DELETE
NAME **KIRBY, THOMAS CHARLES**
STREET ADDRESS **4724-B GOLDEN GATE PKWY**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☐ DELETE
NAME **KIRBY, BRUCE**
STREET ADDRESS **4916 GOLDEN GATE PKWY.**
CITY-ST-ZIP **NAPLES FL**

TITLE **ST** ☐ DELETE
NAME **KIRBY, LUCILLE**
STREET ADDRESS **4916 GOLDEN GATE PKWY.**
CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☐ DELETE
NAME **KIRBY, THOMAS CHARLES**
STREET ADDRESS **4916 GOLDEN GATE PKWY.**
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 941-455-2272
Date Daytime Phone #

CR2E034 (12/95)