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 # **J67998** **(1)**

1. Corporation Name

WEST ORANGE POOL SERVICE, INC.

Principal Place of Business	Mailing Address
1138 E. PLANT ST WINTER GARDEN FL 34787 US	1138 E PLANT ST WINTER GARDEN FL 34787 US

3. Date Incorporated or Qualified: 04/10/1987

3a. Date of Last Report: 04/26/1995

4. FEI Number: 59-2806314 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PARSONS, BRYAN K
997 GLENMEADOW DR
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name: Jack McMurphy
82 Street Address (P.O. Box Number is Not Acceptable): 790 State Rd 545
83
84 City: Winter Garden **FL** 85 Zip Code: 34787

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: Jack McMurphy Name (Type or printed name of registered agent) Jack McMurphy (Registered Agent signature required when filed alone) Date: 5-12-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	11 TITLE	P / V.P	☐ Change ☐ Addition
NAME	PARSONS, CLARA S		12 NAME	Jack McMurphy	
STREET ADDRESS	997 GLENMEADOW DRIVE		13 STREET ADDRESS	790 State Rd 545	
CITY-ST-ZIP	WINTER GARDENS FL		14 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	P	☐ DELETE	21 TITLE	T / S	☐ Change ☐ Addition
NAME	PARSONS, BRYAN K		22 NAME	Teresa D. McMurphy	
STREET ADDRESS	985 GLENMEADOW DRIVE		23 STREET ADDRESS	790 State Rd 545	
CITY-ST-ZIP	WINTER GARDEN FL		24 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PARSONS, CLARA S		32 NAME		
STREET ADDRESS	985 GLENMEADOW DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDENS FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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)(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: Jack McMurphy Jack McMurphy 6566692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number