

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Walker  
Secretary of State

APPROVED  
AND  
FILED

MAY 11 1995 35

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J78888**

(1)

**POOL DOCTOR OF THE PALM BEACHES, INC.**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business <b>% POOL DOCTOR 1105 6TH AVE SOUTH LAKE WORTH FL 33460 US</b>		2a. Mailing Address <b>% POOL DOCTOR 1105 6TH AVE SOUTH LAKE WORTH FL 33460 US</b>		3. Date Incorporated or Qualified <b>06/18/1987</b>	3a. Date of Last Report <b>06/09/1994</b>
2. Principal State of Incorporation <b>21 FL</b>	2a. Mailing Address <b>26 FL</b>	4. FEI Number <b>59-2812264</b>		Apply for <input type="checkbox"/> Not Applicable	
22. State of Agent	27. State of Agent	5. Certificate of Status (Amended) <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. <input type="checkbox"/>	25. <input type="checkbox"/>	29. <input type="checkbox"/>		30. <input type="checkbox"/>	
				8. This corporation has liability for franchise tax under Chapter 689, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PUGH, GEOFFREY 615-2 WHITNEY AVE. LANTANA FL 33462</b>				10. Name and Address of New Registered Agent	
B1 Name <b>PUGH, GEOFFREY</b>		B2 Street Address (P.O. Box Numbers Not Acceptable) <b>1105 6TH AVENUE SOUTH</b>		B3	
B4 City <b>LAKE WORTH</b>		B5 State <b>FL</b>		B6 Zip Code <b>33460</b>	

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 provisions of Sections 607.04(1) and 607.15(8), Florida Statutes.

SIGNATURE: *[Signature]* **GEOFFREY PUGH, PRESIDENT** **5-5-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>PD</b>	1. NAME <b>PUGH, GEOFFREY</b>	1. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PD</b>
2. STREET ADDRESS <b>615-2 WHITNEY AVE LANTANA FL</b>	2. STREET ADDRESS <b>1105 6TH AVENUE SOUTH LAKE WORTH FL 33460</b>	2. STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2431 CRAWFORD COURT LANTANA, FL 33462</b>
3. TITLE <b>V</b>	3. NAME <b>GEISKING, TRACI</b>	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>3. NAME GEISKING, MICHAEL</b>
4. STREET ADDRESS <b>5500 B CANON WAY WEST PALM BEACH FL</b>	4. STREET ADDRESS <b>2431 CRAWFORD COURT LANTANA, FL 33462</b>	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>4. STREET ADDRESS 305 NORTH 15TH AVENUE LAKE WORTH, FL 33460</b>
5. TITLE <b>S</b>	5. NAME <b>GEISKING, MICHAEL</b>	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. STREET ADDRESS <b>2791 MORING CT APT 302 LANTANA FL</b>	6. STREET ADDRESS <b>305 NORTH 15TH AVENUE LAKE WORTH, FL 33460</b>	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. TITLE	7. NAME	7. TITLE	
8. STREET ADDRESS	8. STREET ADDRESS	8. TITLE	
9. TITLE	9. NAME	9. TITLE	
10. STREET ADDRESS	10. STREET ADDRESS	10. TITLE	
11. TITLE	11. NAME	11. TITLE	
12. STREET ADDRESS	12. STREET ADDRESS	12. TITLE	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and derived equally for the corporation stated in the body of this report. I further certify that the information included in this report is not a confidential or proprietary report of a trade secret or similar 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 and the person or persons authorized to make this report as required by Chapter 689, Florida Statutes, and that my name appears on Block 1, of Block 13 of the report as an officer or director with an address.

SIGNATURE: *[Signature]* **5-5-95**

PRINT NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR