

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
OFFICE OF CORPORATIONS
APPROVED AND FILED

DOCUMENT # **J86397**

(3)

95 MAY 10 AM 10:25

COUGHLIN POOL SERVICE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

116 1ST STREET
BONITA SPRINGS FL 33923-4359

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BONITA SPRINGS FL 33923-4359

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
08/03/1987

3a. Date of Last Report
05/11/1994

2. Principal Place of Business

2a. Mailing Address

21

25

4. FCI Number

59-2837170

Applied For
Not Applicable

22. State Apt. # etc.

27. State Apt. # etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 190.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUGHLIN, BRIAN
116 FIRST ST
BONITA SPRINGS FL 33923

81. Name

82. Street Address (P.O. Box Number & 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

(Print Name and Title of Registered Agent or Officer or Director)

(Print Name and Title of Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDRESSES CHANGE TO OFFICERS, AND (Add "to be added")

1. NAME

D
COUGHLIN, BRIAN
116 FIRST ST
BONITA SPRINGS FL

1. NAME

1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

☐ Change ☐ Addition

2. NAME

D
COUGHLIN, DIANE
116 FIRST ST
BONITA SPRINGS FL

2. NAME

2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

☐ Change ☐ Addition

3. NAME

3. NAME

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3. STREET ADDRESS
3. CITY, ST, ZIP

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33. CITY, ST, ZIP

☐ Change ☐ Addition

SIGNATURE: *Diane Coughlin* *Diane Coughlin*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95

813-947-9754