FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FOR-PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K27670 (4)

1. Corporation Name

JERRY'S POOL SERVICE, INC.

Principal Place of Business	Mailing Address
37433 NO. HWY 19 UMATILLA FL 32784	37433 NO. HWY 19 UMATILLA FL 32784

3. Date Incorporated or Qualified: 06/24/1988
3a. Date of Last Report: 04/11/1995

4. FEI Number: 59-2894680 ☐ 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
21 829 EdgewaterCir	26 829 Edgewater Cir
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Eustis, Fl	City & State 28 Eustis, Fl
Zip 24 32726 Country 25 USA	Zip 29 32726 Country 30 USA

9. Name and Address of Current Registered Agent

WENK, RICHARD I.
37433 N HWY 19
UMATILLA, 32784

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of Registered Agent, and title if applicable (NOTE: Registered Agent's signature required where indicated)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	RHODE, JERRY D.	
STREET ADDRESS	829 EDGEWATER CIRCLE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VD	☐ DELETE
NAME	WENK, RICHARD IRWIN	
STREET ADDRESS	12584 WEDGEFIELD DR.	
CITY-ST-ZIP	GRAND ISLAND FL	
TITLE	SD	☐ DELETE
NAME	RHODE, CONNIE J.	
STREET ADDRESS	829 EDGEWATER CIRCLE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	TD	☐ DELETE
NAME	WENK, JODY L.	
STREET ADDRESS	12584 WEDGEFIELD DR.	
CITY-ST-ZIP	GRAND ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001819721 -05/14/96--01014--024 ***225.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Jerry Rhode 5-6-96 352-589-0344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jerry Rhode SC 5-13-96