SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 PM 8:25

DOCUMENT # K54332 (7)

1. Corporation Name
CHEMICAL POOL SERVICES, INC.

Principal Place of Business	Mailing Address
~~479 N. COURTENAY PKWY~~ MERRITT ISLAND FL 32953 US	~~479 N. COURTENAY PKWY~~ MERRITT ISLAND FL 32953 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 270 Borman Ave	26 PO Box 2261
Suite, Apt. #, etc. 22 Merritt Island	Suite, Apt. #, etc. 27 Merritt Island
City & State 23	City & State 28 FL
Zip 24 / County 25	Zip 29 32954-2261 / County 30

4. FEI Number: 59-2938182 — 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

7. 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
STANTON, ARCH H. 1405 HANNAH DR MERRITT ISLAND FL 32952	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 607.0202 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 _____ 6-1-95
Signature, Typed or printed name of registered agent (Last name first if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STANTON, ARCH H.	12 NAME	
STREET ADDRESS	1405 HANNAH DR.	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WATSON, GEORGE	22 NAME	
STREET ADDRESS	1151 TARPON DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STANTON, CYNTHIA A.	32 NAME	
STREET ADDRESS	1405 HANNAH DR.	33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ 6-1-95 407-453-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018150 CP