## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # K67692**

1. Corporation Name

SPIES POOL, INC.

Principal Place of Business Mailing Address

% TODD L. KOONTS 415 BROADWAY KISSIMMEE FL 34741 % TODD L. KOONTS 415 BROADWAY KISSIMMEE FL 34741

## FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90039 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

KISSIMMEE FL 34741		VIOSIMMEE IE 34/41		3. Date Incorporated or Qualifed		
•					02/22/1989	, i i i i i i i i i i i i i i i i i i i
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
11		26		59-2934404	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
27		27	]			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
3		28			Trust Fund Contribution	
Zip			Zip Country		8. This corporation owes the current year Int.	angibie □Yes □No
	25	29 30	<u>)                                     </u>		Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	
	10 NO. 10 No. 12		01		<u> </u>	
KOONTS, TODD L.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
520 EAST CENTRAL BLVD			-		- 1997 (1 - 1997 名) HE FEET - 東京電気 (2 - 1997) 4 1997 (1 - 1997 ) 1987 (1	
ORL	ANDO FL 32801		83		· 经公司的证据 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	IN MORE REPORTED IN
		. *	84	City	FL	85 Zip Code
	1.00	e ily ne vijej ti ili ne	L		FL.	shanging its registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	e-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as registered
office or it	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607,0505, Florid	la Statutes	i.		2
	•					
SIGNATURE	Signature, typed or printed name of registered agent			nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.			Change Addition
TITLE	PDV	☐ DÉLETE	1.1 TITLE		80.2573500	<u> </u>
NAME :	KOONTS, TODD L.		1.2 NAME			
STREET ADDRESS	530 EAST CENTRAL BLVD		1.3 STREE	TADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-5	ST-ZIP	<u> </u>	Change Addition
TITLE		☐ DELETE	2.1 TITLE			
NAME			2.2 NAME		•	•
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.4 CITY-	ST-ZIP	<u> </u>	☐ Change ☐ Addition
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NAME CO	M.S. TODAL		3.2 NAME	]		
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CITY-ST-ZIP	BROWN STATE		3.4, CITY-	ST-ZIP	11.10 11.10	Change * Addition
TITLE	1:	☐ DELETE	4.1 TITLE		.६ ११६ <i>४१६ ४</i> १६ छ <del>४</del> ५०	Change 1: Addition
		· · · · · · · · · · · · · · · · · · · ·	4, 2 NAME	<b> </b>		
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CITY-ST-ZIP	If the state of th	18 N	4.4 CITY-	ST-ZIP	<u> </u>	1 Character C Addition
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME	·		5.2 NAME	:		
		•	5.3 STRE	ET ADDRESS		
STREET ADDRESS			5.4 CITY-	ST-ZIP	<u> </u>	<del></del>
CITY-ST-ZIP	800 10 10 10 10 10 10 10 10 10 10 10 10 1	☐ DELETE	6.1 TITLE			☐ Change ☐ Additio
TITLE	500 BASI CONTROL SUIT	<b>—</b>	6.2 NAME	·  ,		
NAME	1 ##M #.6.5 #\$ ##		6.3 STRE	ET ADDRESS		
STREET ADDRESS	<b>3</b>		6.4 CITY-			·
CITY-ST-ZIP	·		0.4 Oil 15		Section 119 07(3)(i). Florida Statutes. I further of	ertify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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, withhall other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ر 2

407-84

Daytime Phone #

CRZE034 (11/98)