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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K

K72392

(9)

POOLS UNLIMITED, INC.

Principal Place of Business

Mailing Address

603 BARKFIELD STREET BRANDON FL 33511-4119 603 BARKFIELD STREET BRANDON FL 33511-7103

FILED May 06 1997 8:00am Secretary of State

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Olivido Oli I C	90011-4110	Diring Oil 12 Goot 11 Go							
						 Date Incorporated or Qualified 03/08/1989 	3a. Date 05/01		port
2. Principal Pia	ace of Business	2s. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-2940291		No	t Applicable
Suite, Apt. 4	V, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 / Fee Re	Additional equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Co	untry		B. This corporation has liability for in	ıtangible ta	under s	. 199.032,
24	25	29	30			Florida Statutes	Yes	No	
	9. Name and Address of Curre	ent Registered Agent		;		10. Name and Address of New Reg	Istered Age	ent	
	Candless, Randall T.			81	Namo				j
603 BARKFIELD STREET					Street Ac	dress (P.O. Box Number is Not Acceptable	e)		
BRA	NDON FL 33511		31						
				83					
				84	City		Et (35 Zip (Code
11 Purcuant t	o the provisions of Sections 607 Of	502 and 607 1508 Florida Statut	as that	above	n-namod co	orporation submits this statement for the pr	roose of ch	anging it	e registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was :	authoriz:	ed by	the corpo	ration's board of directors. I hereby accep	the appoin	tment as	registered
SIGNATURE	Signature, typod or printed name of registered a	agent and tills if applicable. (NC)	E∵Rogisie	red Ago	ent signature re	quired when reinstating)	DATE		
12.		ND DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICE			S IN 12
TITLE	DP	☐ DELETE	1.1	THLE] Change	Addition
NAME	MCCANDLESS, RANDALL T.		1.2	NAME					l
STREET ADDRESS	603 BARKFIELD STREET		1,3	STREET	ADDRESS				j
CITY-ST-ZIP	BRANDON FL		1.41	CITY-S	T- 21P				1
TITLE	D	☐ DELETE	2.1	TITLE			L.	Change	Addition
NAME	MCCANDLESS, WINIFRED R],	2.2	NAME					
STREET ADDRESS	603 BARKFIELD STREET		2.3	STREET	ADDRESS				
CITY-ST-ZIP	BRANDON FL		2.4	CITY-S	ST · ZIF				
TITLE	D	☐ DELETE	3.1	TITLE				Change	Addition
NAME	MCMAHON, ETTIE LOUISE		3.2	NAME					
STREET ADDRESS	936 BENNINGTON DRIVE		3.3	STREFT	ADDRESS				
CITY-ST-ZIP	BRANDON FL		3.4.	CITY - S	\$1 • 2 1P				
TITLE		DETELE	4.1	MLE				Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	CHY-S	1 - ZIP				
TITLE		DELETE	5.1	HTLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		☐ DELETE		TITLE				Change	Addition
NAME				NAME				-	
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
OHIT-OL-FIE	=		U	OHITTO	H · LU	· · · · · · · · · · · · · · · · · · ·			

I do 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 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.