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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K72392

1. Corporation Name

POOLS UNLIMITED, INC.

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Principal Place	e of Business	Mailing Address					•••			
1007 N LENNA AVE		P O BOX 2775								
SEFFNER FL 33584		BRANDON FL 33509					O NOT WRITE	IN THIS SP	ACE	
US		US .				3. Date Incorporated		114 11310 01	NOL	
						03/08/1989	a or Quantu			
a Principal Di	ace of Business	2a. Mailing Address				4. FEI Number			Apr	plied For
	ace of business	26. Mailing Address				59-2940291				t Applicable
21 Suite Ant	# atc	Suite, Apt. #, etc.				T			\$8.75 A	
Suite, Apt. #, etc.		27				5. Certificate of Stati	us Desired L		Fee Red	1
City & State	the state of the s	City & State				6. Election Campaig	n Financing		\$5.00	May Be
一 ・		28				Trust Fund Contri	·		Added to	
Zip	Country	Zip	Coun	try		g. This corporation of	owes the current	year Intang	ible	
24	25	29	30	-		Personal Property				□No
	9. Name and Address of Current		1			10. Name and Addre	ess of New Reg	istered Age	ent	
			- 1	81 Na	me					1
MCC	ANDLESS, RANDALL T.		-			an (D.O. Pay Number i	- Not Assentable	31		
1007	' N LENNA AVE	-	- '	82 St	reet Addre	ess (P.O. Box Number is	S NOI Acceptable	3)		
SEFI	FNER FL 33584		ļ.	83						
			L							
				84 Ci	ty		• 1	FL	85 Zip C	·
				- 1						
11: Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the ab	ove-na	med corpo	oration submits this state	ement for the pu	rpose of cha	anging its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was a	utnorized	DV ING I	med corpo corperation	oration submits this state n's board of directors. I	ement for the pu hereby accept t	rpose of cha he appointm	anging its nent as reg	registered gistered
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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 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, with all other line empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90047 033 ***150.00