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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K75578

(0)

1. Corporation Name:
POOLS BY BLUE DOLPHIN, INC.

Principal Place of Business
10673 LENNARD ROAD
PORT ST. LUCIE FL 34952-7407

Mailing Address
10673 LENNARD ROAD
PORT ST. LUCIE FL 34952-7407



2. Principal Place of Business
21 10110 S. US #1
Suite, Apt. #, etc.

2a. Mailing Address
26 10110 S. US #1
Suite, Apt. #, etc.

22 City & State
23 PORT ST. LUCIE, FL
Zip Country
24 34952 25 ST. LUCIE

27 City & State
28 PORT ST LUCIE, FL
Zip Country
29 34952 30 ST. LUCIE

3. Date Incorporated or Qualified
03/21/1989

3a. Date of Last Report
02/27/1996

4. FEI Number
65-0108057

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

9. Name and Address of Current Registered Agent

GERNOT, ROBERT G., SR.
1497 SW ALGARDI LANE
PT. ST. LUCIE FL 34952

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

Signatures type and press of name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
GERNOT, ROBERT G., SR.
1497 S.W. ALGARDI LANE
PT. ST. LUCIE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
GERNOT, ELEANOR J.
1497 S.W. ALGARDI LANE
PT. ST. LUCIE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
PETERS, MARK
10691 S. FED. HWY
PT. ST. LUCIE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PD
GERNOT, ROBERT G.
1497 SW ALGARDI LN
PT. ST. LUCIE, FL 34952 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
V.P.
LEONARD, LISA
P.O. Box 9415 N/A
PT. ST. LUCIE, FL 34965 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
T
GERNOT, DAVID
6704 FT. WALTON AVE
FT. PIERCE, FL 34950 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. 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.

SIGNATURE: ROBERT G. GERNOT SR.
Robert G. Gernot SR.

2-21-97 561-335-1530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone: #

CR2E034 (9/96)