

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 PM 2:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K77534 (1)

1. Corporation Name

MIKE SAUM POOL SERVICE & REPAIR, INC.

Principal Place of Business

**% THOMAS M. SAUM
2301 47TH TERRACE SW
NAPLES FL 33942**

Mailing Address

**5060 COLDSTREAM LN
NAPLES FL 33942
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1989

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0110037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5060 Coldstream Lane

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples FL

City & State

28

Zip

Country

Zip

Country

24 33942

25

29

30

9. Name and Address of Current Registered Agent

**SAUM, THOMAS M.
2301 47TH STREET SW
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5060 Coldstream Lane

84 City

Naples

FL

85 Zip Code

33942

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when agent changes)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
SAUM, THOMAS M.
2301 47TH TERRACE SW
NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

**5060 Coldstream Lane
Naples FL 33942**

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the new 1993 D/Cycle 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 registered agent or broker 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 this document.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/18/95 813 263-4111