

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 APR 28 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07536** (0)

1. Corporation Name

DESIGNER POOLS-POOL SUPPLY, INC.

Principal Place of Business

Mailing Address

3653 LAKE EMMA RD
P O BOX 521870
LONGWOOD FL 32752-8870

3653 LAKE EMMA RD
P O BOX 521870
LONGWOOD FL 32752-8870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/07/1989

3a. Date of Last Report
04/15/1994

4. FBI Number
59-2963419

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

2. Principal Place of Business

2a. Mailing Address

21 **1640 MYRTLE LAKE HILLS**

26 **1640 MYRTLE LAKE HILLS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **LONGWOOD, FL**

28 **LONGWOOD, FL**

24 **32750**

25 **SEMIWOLE**

29 **32750**

30 **SEMIWOLE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSSER, THOMAS G.
3653 LAKE EMMA ROAD
LAKE MARY FL 32746

81 Name

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

83

84 City

1640 MYRTLE LAKE HILLS RD

LONGWOOD

FL

85 Zip Code
32750

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

Thomas G. Rosser

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **ROSSER, THOMAS G.**
STREET ADDRESS **1640 MYRTLE LK HILLS RD**
CITY- ST- ZIP **LONGWOOD FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **PD**
NAME **ROSSER, GAIL**
STREET ADDRESS **1640 MYRTLE LK HILLS RD**
CITY- ST- ZIP **LONGWOOD FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas G. Rosser
THOMAS G. ROSSER

4/24/95

407-332-5002