Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90006 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L07536

1. Corporation Name

DESIGNER POOLS-POOL SUPPLY, INC.

				MANUA MUNUL MUNUL MANUA (MINA
Principal Place of Business	Mailing Address			
536 SUN VALLEY. VILLAGE	536 SUN VALLEY. VILLAGE			
#6 #6		DO NOT WRITE IN THIS SPACE		
LTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 S US			3. Date Incorporated or Qualified	
US	00		08/07/1989	
2. Principal Place of Business	2a. Mailing Address	. 1 0/ 0/0	4. FEI Number	Applied For
27 901 BUTUUNUUN LANE	26 MO 1 12 UPT (12 WOV)	0 Myhr	59-2963419	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		0. 00/1/30/0 0/	Fee Required
23 AVAMONE SARMS, PL	28 ACTAMONE SARVI	us, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zig Country	Ziboro L	untry	8. This corporation owes the current year Intang	
24 /	29 50 30	420	1 Croonary row	Yes 🔼 No
9. Name and Address of Current I	Registered Agent	11	10. Name and Address of New Registered Ag	ent
		81 Name		
ROSSER, THOMAS G.		82 Street Addres	(P.O. Box Number is Not Acceptable)	
1640 MYRTLE LAKE HILLS RD		401 BUTTONWOOD LAUS		
LONGWOOD FL 32750		83	-	
		84 KIRVATA	Osp 20	85 Zip Coden i
	•	NVIKM	1016 7H01067 FF	77717
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				
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligatio	Florida, Such change was authorize ns of, Section 607,0505, Florida Sta	d by the corporation tutes.	s board of directors. I never accept the appointment	ien as registered
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registere	d Agent signature required v		
12. OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AND	
TITLE VD	☐ DELETE 1.11	ITTLE	v	Change 🔲 Addition
NAME ROSSER, THOMAS G.	1.21	VAME		
STREET ADDRESS 576 SUN VALLEY, VILLAGE #6	1.33	STREET ADDRESS \ 70	1 Kreson more mare	An will
CITY-ST-ZIP ALTAMONTE SPRINGS FL	1.40	CITY-ST-ZIP	NAMONDE SPICINIS 1 1-	_16714
TITLE PD ·	DELETE 2.11	MLE	, ,	Change
NAME ROSSER, GAIL	2.2 8	VAME Q	1 am 11.10 10 10 10 10	`
STREET ADDRESS 536 SUN VALLEY, VILLAGE #6	2.31	STREET ADDRESS 10 1	THUTTONWOOD WHAT I	37.07
CITY-ST-ZIP ALTAMONTE SPRINGS FL	2.4	CITY-ST-ZIP 1	THOME LOIDINGS, I'L	16714
TITLE	DELETE 3.11	ITTLE	, , , , ,	Change
NAME	3.21	NAME		
STREET ADDRESS	3.3	STREET ADDRESS		
CITY-ST-ZIP	3.4.	CITY-ST-ZIP		
TITLE				
NAME		TITLE		☐ Change ☐ Addition
	☐ DELETE 4.1	TITLE NAME		Change
STREET ADDRESS	☐ DELETE 4.1 4.2			Change
STREET ADDRESS CITY-ST-7IP	☐ DELETE 4.11 4.2 4.33	NAME		Change Addition
CITY- ST-ZIP	DELETE 4.11 4.2 4.3 4.44	NAME STREET ADDRESS		☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE	□ DELETE 4.11 4.2 4.3 4.44 □ DELETE 5.1	NAME STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME	DELETE 4.11 4.2 4.3 4.4 DELETE 5.11	NAME STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE 4.11 4.2 4.33 4.44 DELETE 5.1 5.21	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		
CITY-ST-ZIP TITLE NAME	DELETE 4.11 4.2 4.33 4.44 DELETE 5.11 5.21 5.33	NAME STREET ADDRESS CITY- ST-ZIP ITILE VAME STREET ADDRESS	(
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE 4.1 4.2 4.3 4.4 DELETE 5.1 5.2 5.3 5.4 DELETE 6.1	NAME STREET ADDRESS CITY- ST-ZIP ITTLE VAME STREET ADDRESS CITY- ST-ZIP	(☐ Change ☐ Addition

CITY-ST-ZIP 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 like propowered.

6.4 CITY-ST-ZIP

SIGNATURE: