

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:44

DOCUMENT # L11622 (2)

1. Corporation Name

CERTIFIED POOL MECHANICS, INC.

Principal Place of Business

Mailing Address

C/O STEEVEN KNIGHT
1206 HEMINGWAY
FT MEYERS FL 33912
US

C/O STEEVEN KNIGHT
1206 HEMINGWAY
FT MEYERS FL 33912
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1989

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0150977

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIGHT, STEEVEN
1206 HEMINGWAY
FT MEYERS FL 33908

81 Name

WILLIAM R. SMITH P.A.

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

8191 COLLEGE PARKWAY SUITE 300

83

84

City
FT. MYERS

FL

85 Zip Code
33919

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

William R. Smith

WILLIAM R. SMITH

5/23/95

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KNIGHT, STEEVEN
STREET ADDRESS 1206 HEMINGWAY
CITY-ST-ZIP FT MEYERS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D/P/S

☒ Change ☐ Addition

TITLE D
NAME JACKSON, CHAD
STREET ADDRESS 15821 SHAMROCK LN
CITY-ST-ZIP FT. MYERS FL

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

REMOVE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

D/T/
MARTIN J. KELLEY
176 SOUTH COLLIER BLVD
marco, island, FL 33937

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 included 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 incorporator 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 added, or deleted with an addition).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEEVEN C. KNIGHT

5.23.95

8/3 481 2299

Date

(Initials) (Fees)